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ABSTRACT

This guidebook explores some of the practical issues associated with finding, choosing, and starting potentially effective prevention programs for at-risk preteens and teens. The guidebook is based on a study of 51 intervention programs that identified elements and delivery mechanisms that were associated with their effectiveness. A closer look at a subset of 21 programs provided more information about program strengths. This booklet contains an update on adolescent risk taking and explains why it is necessary to improve and expand the network of effective prevention programs for at-risk teens. The common elements of the successful programs are described, results of program evaluations are summarized, and general and contact information are given. The challenges facing practitioners seeking to replicate promising intervention programs or approaches are discussed. A prevention readiness questionnaire is provided to help program directors and planners identify and assess factors necessary to create favorable conditions and circumstances for successful adaptation or replication of the programs. Profiles of 51 programs show the reasons they are successful. A reference chart is included to enable quick comparison of the programs. (Contains 35 references.) (SLD)

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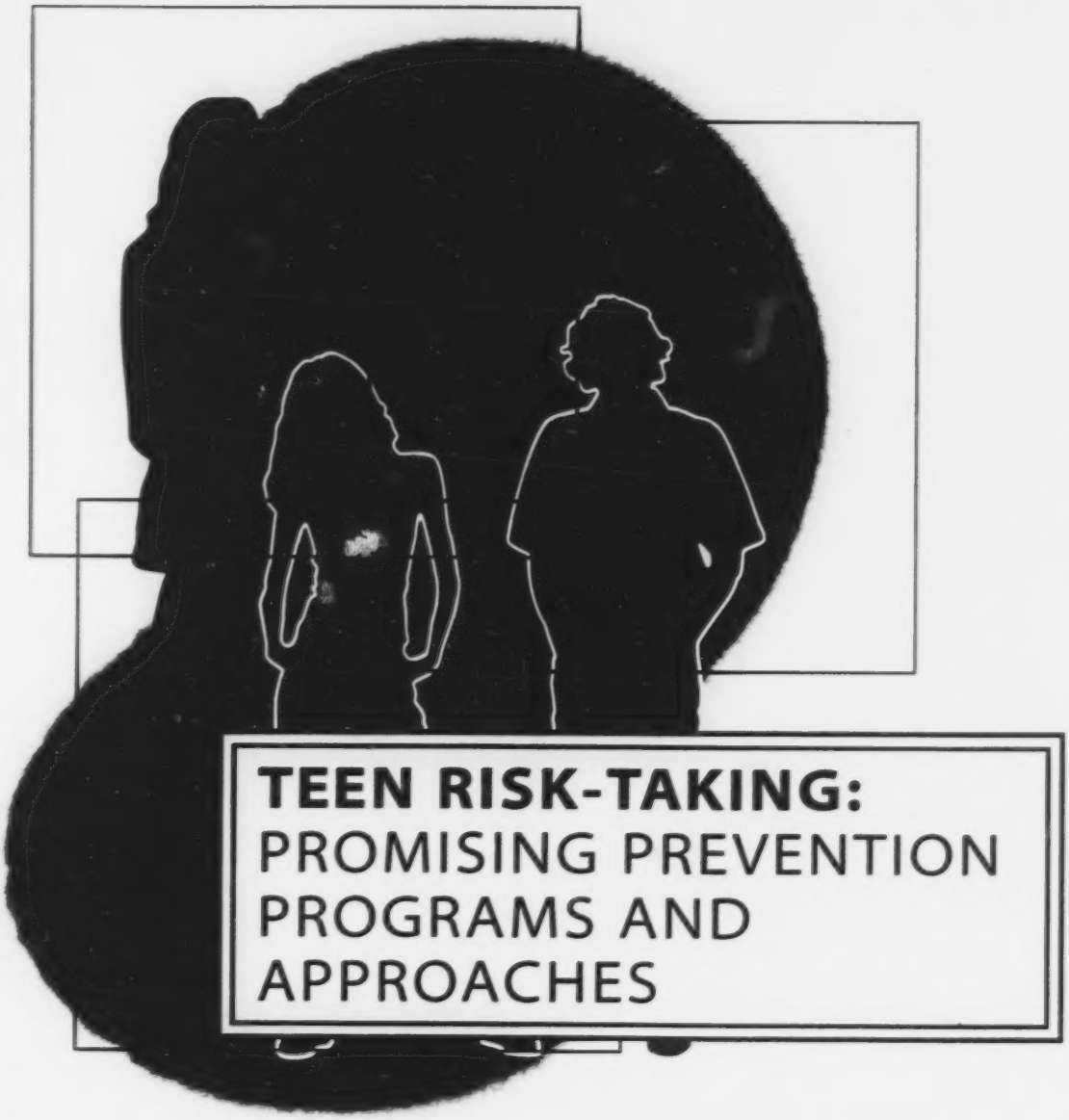

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by Marvin Eisen, Christina Pallitto,

Carolyn Bradner, and Natalya Bolshun

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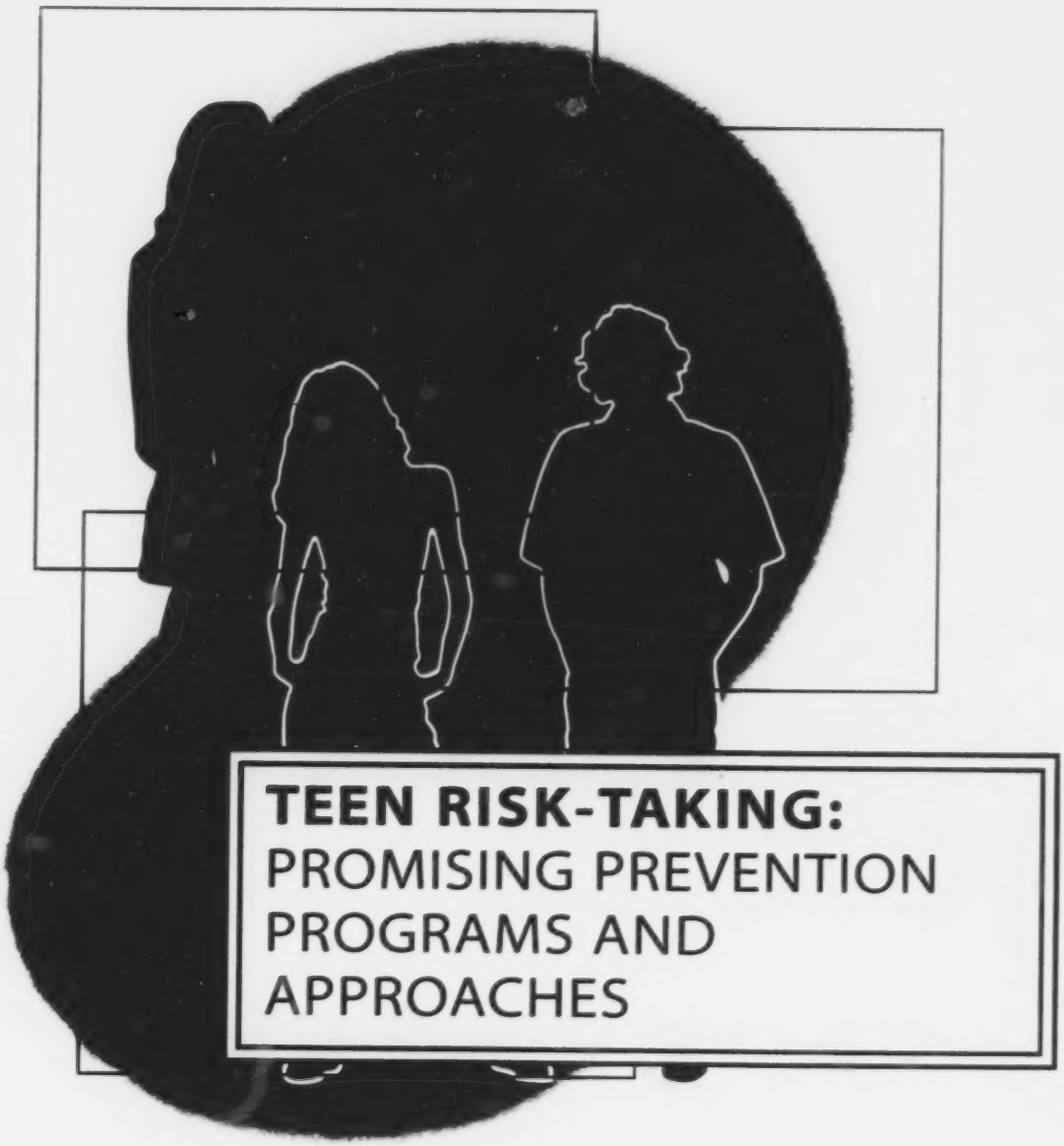

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Teen Risk-Taking: Promising Prevention Programs and Approaches also is available on the Urban Institute Web site.

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INTRODUCTION

This guidebook and program compendium provides an essential first step in bridging the gap from "research to practice." It explores some of the practical issues associated with finding, choosing, and starting potentially effective prevention programs for at-risk preteens and teens.

For many, preadolescence and adolescence are difficult to navigate. Most teens have newly granted independence and a desire to test limits, yet they lack information and decisionmaking skills. This combination often leads to unnecessary risk-taking that can have harmful, even deadly, consequences.

The most serious threats to the health and safety of adolescents and young adults are preventable. They result from such risk-taking behaviors as fighting, substance abuse, suicide, and sexual activity rather than from illness. Many teens do not engage in any of these behaviors; however, most teens that engage in any one of these behaviors are also likely to engage in others, thereby increasing the chance of damage to their health.

Programs intended to educate preteens and teens by steering them away from such risky behavior are in demand and gaining in popularity. These programs often are based in schools, where they can potentially reach large and diverse groups of youth. They also are found in a variety of community settings.

Although interest in problem behavior prevention programs is increasing, until recently little was known about what components and delivery mechanisms make for a successful intervention—and whether such components and means can be extended to or modified for other settings. Such information is crucial for those interested in either improving existing programs or establishing new ones based on successful models elsewhere.

To help close this knowledge gap and to help program directors, practitioners, and community leaders enlarge the network of effective programs and approaches for at-risk youth, Urban Institute researchers reviewed what is known about successful prevention interventions and their dissemination. They identified 51 problem behavior prevention interventions whose initial effectiveness has been demonstrated through scientific evaluation. A subset of 21 programs was selected on the basis of the rigor of their evaluations or the strength of their results for closer examination of the program elements and/or delivery modes that appeared to be

associated with their effectiveness. The researchers also explored with the assistance of experienced prevention scientists and school-based practitioners what might be the essential elements of schools' and other community organizations' readiness to undertake research-based problem behavior prevention programming.

This guidebook to promising programs and approaches offers the fruits of that research. It is our hope that it will provide a helpful starting point for the development of a larger, more sustainable network of effective prevention programs and approaches for at-risk teens.

In the booklet you will find:

- **An Update on Adolescent Risk-Taking**—what is known about the level and characteristics of teen risk-taking today and why it is both necessary and an opportune time to improve and expand the network of effective prevention programs for at-risk preteens and teens.

- **The Common Elements of Successful Prevention Programs**, briefly summarized, along with an explanation of the criteria used to select the 51 programs profiled in this guidebook.
- **Moving from Research to Practice**—a discussion of the challenges facing practitioners seeking to replicate promising intervention programs or approaches, with some suggestions for ways to meet these challenges.
- **A Prevention Readiness Questionnaire** to help program directors and planners identify and assess factors necessary to create favorable conditions and circumstances for successful adaptation or replication of the programs or their salient components in new settings.
- **Profiles of 51 Prevention Programs** whose behavioral evaluations demonstrate their effectiveness. The profiles provide general information about the program, highlight unique features, summarize evaluation results, and give general contact information. The 21 (most) rigorously evaluated programs also have curriculum, training, and contact information included.
- **A Handy Reference Chart** for quick comparison of the 51 programs.

UPDATE ON ADOLESCENT RISK-TAKING

The behavioral problems of children and adolescents continue to be a major source of public concern despite recent reductions in the prevalence rates of some major health risk indicators.

The 1990s have been a period of substantial decreases in students' participation in such key health risk behaviors as physical fighting, weapon carrying, substance use, sexual activities, and suicidal thoughts and attempts. Moreover, even teenagers who do engage in risk behavior also participate in positive behavior, such as spending time with parents, earning good grades, and being involved in extracurricular activities.

These positive changes parallel positive trends in associated health outcomes. For example, recent declines in the pregnancy, birth, and sexually transmitted disease (STD) rates among adolescents reflect a decline in sexual activity, as well as an increase in condom use among teens.

But the 1990s also have brought some disturbing trends and countertrends. Teens who engage in risk behaviors do not limit themselves to one behavior alone, as most health risk behaviors occur in combination with other risky activities. The combinations greatly increase the likelihood of damage to the teen's health and well-being.

This means that knowledge of a teen's participation in one specific risk behavior can be taken as a warning signal of likely involvement in additional risk behaviors.

Given this complicated picture, it is both necessary and an opportune time over the next several years to strengthen and expand the network of problem behavior prevention programs located

Trends in Prevalence of Health Risk Behaviors

Prevalence	1991	1993	1995	1997	1999	% Change 1991-1999
Current Cocaine Use	1.7	1.9	3.1	3.3	4.0	+ 135.3
Current Marijuana Use	14.7	17.7	25.3	26.2	26.7	+ 81.6
Frequent Cigarette Use	12.7	13.8	16.1	16.7	16.8	+ 32.3
Suicide Attempt	7.3	8.6	8.7	7.7	8.3	+ 13.7
Binge Drinking	31.3	30.0	32.6	33.4	31.5	+ 0.6
Current Alcohol Use	50.8	48.0	51.6	50.8	50.0	- 1.6
Sexual Intercourse	54.1	53.0	53.1	48.4	49.9	- 7.8
Fighting	42.5	41.8	38.7	36.6	35.7	- 16.0
Suicide Ideation	29.0	24.1	24.1	20.5	19.3	- 33.4
Weapon Carrying	26.1	22.1	20.0	18.3	17.3	- 33.7

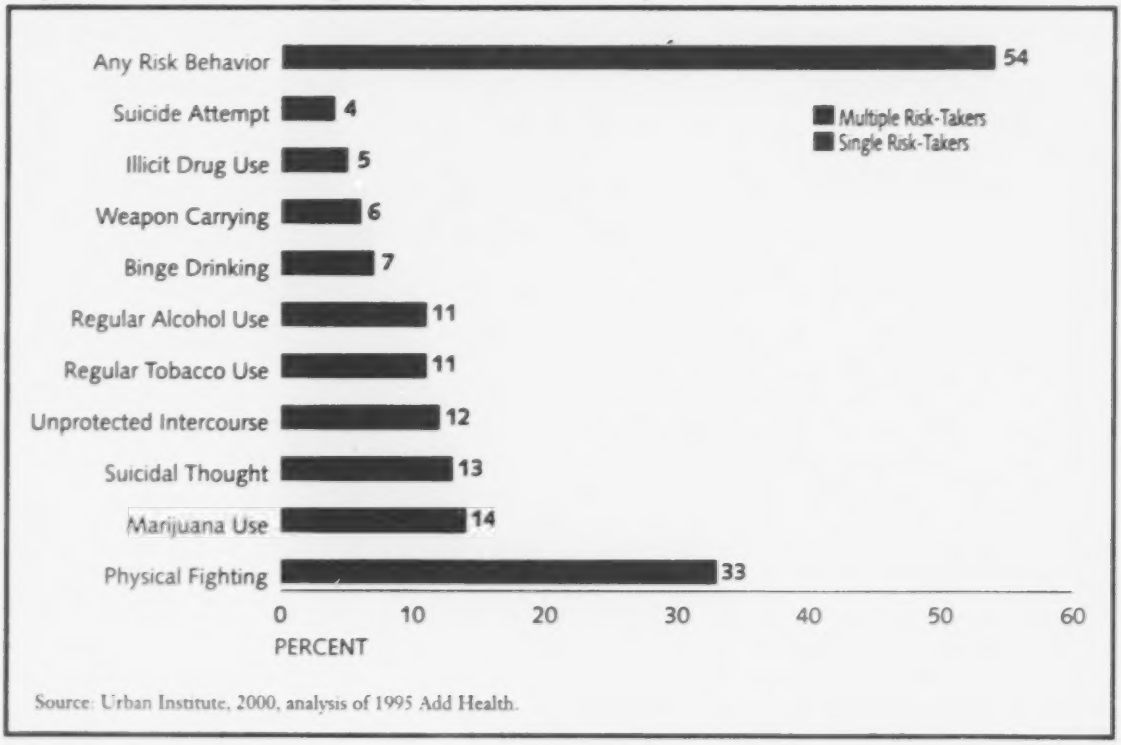
Source: Youth Risk Behavior Surveillance, 1991, 1993, 1995, 1997, 1999.

where teenagers (students and out-of-school teens) are most easily reached: their schools, churches, athletic activities, the workplace, and the like.

Such prevention programs will need to focus on major risk behaviors and to target multiple-risk teens. The most successful efforts will be built on and reinforce the strengths of students—their general involvement in positive behaviors—not just seek to mitigate the harm from negative behaviors and/or reduce the teens' involvement in such activities.

The information in this guidebook should prove useful for these purposes. It is designed to help bridge the gap between what research can tell us about preventing preadolescent and adolescent risk-taking, including the components of successful programs, and what program providers need to know to strengthen existing services and establish new ones for this vulnerable population.

Single and Multiple Risk-Taking among 7th–12th Graders, by Behavior



Source: Urban Institute, 2000, analysis of 1995 Add Health.

COMMON ELEMENTS OF SUCCESSFUL PROGRAMS

Effective prevention programs, regardless of program content, have six areas of substantial overlap. Either the specific programs profiled in this guidebook or these common elements can be adapted for use in a variety of school and community settings.

SELECTION CRITERIA

The scientific literature on preventing childhood and adolescent problem behaviors provides a useful resource for determining the role that interventions can play in strengthening positive behavior and deterring/delaying negative behaviors. Urban Institute researchers reviewed this literature, focusing on primary prevention programs that have potential for use in elementary, middle, or high school–based settings. They assessed secondary prevention/cessation of high-risk behaviors when the number of study participants was sufficiently large. For the review, they adopted a public health–oriented framework for classifying intervention programs in terms of their intended target audiences: universal (general population); selective (at-risk groups); and indicated (groups already involved in risky behavior). Regardless of program quality, few indicated-level programs reviewed met the criterion of sufficient number of participants to yield reliable evaluation results.

The 51 programs profiled in this compendium were identified as promising prevention programs. Each was evaluated in at least one published scientific study. Each addresses a specific problem behavior and targets preteens or teens directly through individual, small-group, or media means. In addition, each of the selected programs meets the following criteria:

- The treatment group is matched with a comparison (e.g., no or minimal treatment) group.
- There is at least one follow-up review at three months after program conclusion.
- The initial sample size consists of 100 adolescents or more.
- The study retains at least half the participants at the final follow-up review.
- There is a statistically significant improvement for at least one target behavior in at least one target group.

A subgroup of 21 programs emerged after a more stringent review process. Here criteria included:

- Each program collected data about participants' problem behavior prior to the program beginning.
- The follow-up review period is longer (at least 12 months or the full school year).
- No fewer than 150 individuals are included in the treatment and comparison.
- The program retains more participants—67 percent in each group by the final follow-up date.

The 21 programs contain components or delivery mechanisms that offer promising models for replication and extension to new groups or settings.

Four broad prevention program content areas emerged from the review, and the program profiles are organized accordingly:

- Sexuality/Reproductive Health;
- Substance Use;
- Conflict Resolution/Violence Prevention; and
- Mental Health.

COMMON ELEMENTS OF SUCCESS

In reviewing the 21 programs, six areas of substantial overlap between programs and content areas emerge. These similarities indicate the mechanisms that are likely to work best in problem behavior prevention. For the most part, these are the same elements identified by Kirby (1997) and Tobler (1992; in press) for sex education and drug education, respectively. They comprise the essential elements of effective programs that could be adapted for use in school and community settings. The common characteristics/features are:

All are theory-based. Social behavior theories are the basis of all but three programs, and eight are based on multiple theories. Social behavior theories assume that people strive to make rational choices about engaging in specific behaviors. These choices are tied to perceptions of the benefits—psychological, social, interpersonal, and health—associated with performing the behavior versus the costs. Thus, interventions attempt to modify participants' knowledge, attitudes, and behavior so that the perceived rewards of engaging in healthy behavior outweigh the perceived costs.

Specific behavior goals are targeted. The most effective programs have a few clearly delineated and articulated goals for behavior change. Sixteen programs highlight the negative consequences of the behavior being addressed. Eleven programs try to teaching youth to question counterproductive beliefs and replace them with attitudes consistent with preventive behavior.

Skill-based components are central. All selected programs use interactive student-to-student and student-to-instructor skill-building methods—including role-playing and rehearsal, guided practice, and immediate feedback—to address the target problem behavior. Eighteen programs try to improve verbal and nonverbal communication skills. Seventeen programs teach resistance skills and provide guided practice and behavioral modeling. Sixteen programs focus on the social influences that encourage behavior, including peers and the media. Thirteen programs teach general assertiveness skills. Eight programs, mostly those addressing substance use behaviors, teach skills to resist advertising appeals. Eight programs teach problem solving and decision-making skills.

Written curriculum and trainer feedback are provided. Most programs are based on a written curriculum presented by a trained instructor. In half of the programs, a teacher presents the curriculum after being trained. Other presenters include health educators or professionals, peer leaders, parents, and community members. The training process varies, but all but one use both written materials and practice.

Substantial duration and intensity are necessary. The most effective programs are generally more intensive in terms of the number of sessions and the length of intervention. Of the programs examined, 14 programs include over 10 hours of intervention and 2 have over 100 hours of intervention. Half of the programs take place over 10 sessions, and a few are taught over an entire school year or more.

Multiple-component interventions are especially promising. Many programs use a variety of techniques and delivery mechanisms. Most of the multiple-component programs have a classroom component and also involve the community and/or parents. Eight programs involve the community in some capacity, and seven programs involve parents. Several include a strong peer education or support component. About eight recruit either same-age or older-age peer leaders.

Most prevention experts now assume that there is an underlying problem behavior syndrome that contributes to adolescent risk-taking behaviors. Identifying the common elements associated with the most effective risk prevention programs across content areas can help practitioners think about mechanisms that may work best in problem behavior prevention generally and, more specifically, about how to adapt these mechanisms for use in a variety of school and community settings that are or can become "prevention ready."

MOVING FROM RESEARCH TO PRACTICE

Schools and other youth-serving programs and community organizations are at different stages of readiness to adapt promising prevention programs. Many require continuing external financial and technical support. All need to engage in a "prevention readiness" process.

As this guide demonstrates, there are a variety of promising intervention programs available to help at-risk youth avoid behaviors that cause health problems. Many of them are school-based or could be adapted to school or community settings.

The research literature on effective prevention interventions and on youth programs also indicates that there are several settings appropriate for delivering prevention-oriented services to youth. Among these settings are youth-serving community-based organizations and school-based health clinics.

Given the rapid proliferation of school-based health clinics around the country and their unique ability to serve students who are difficult to reach through more traditional health settings, the school-based health clinic may be an especially appropriate venue of delivery for prevention programs in schools. Such clinics offer a promising way to reach the increasing number of children in need, especially at a time when the health care system is unlikely to finance or provide prevention services in most health care settings.

Being aware of effective prevention programs, and having access to more information about their curriculum and training materials, is an important first step toward expanding the network for effective services for adolescents. But it is only the first step. Much more is needed to bridge the gap that now exists between prevention research and practice in school and community settings.

Many of these programs and organizations are going to require continuing financial support from outside sources, such as state education and health agencies and private foundations. Also, many are likely to need technical support and expert consultation on a variety of financial issues and on their research dissemination, implementation, and monitoring challenges.

All will need to engage in a "prevention readiness" process before adapting a specific program or combination of program elements. They will need to assess where they are in terms of their own organizational development, know the characteristics of their clients, understand the ecology of problem behavior prevention, and be aware of other local prevention-related activities.

This section of the guide is designed to help begin that "prevention readiness" process. It is based on discussions held with a panel of prevention scientists (see box on next page) and is intended to reflect their assessment of the salient aspects of youth-serving programs/organizations' prevention readiness.

In this section you will find a discussion of the elements to consider prior to adapting any of the programs or program components profiled in this guidebook; a brief description of the key challenges facing those seeking to close the gap between prevention research and practice; and a prevention readiness questionnaire designed to be self-administered. Answering the questions can help you gauge the stage of prevention readiness of your school or community.

PANEL OF PREVENTION SCIENTISTS

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GETTING STARTED—THE PREVENTION CONTEXT

Program Characteristics. Before a program gets under way, it's a good idea to think about the needs of the target audience, the kind of program desired, and how the effectiveness of the program, once started, can be monitored. Key considerations include:

- **Needs assessment.** Prior to program implementation, a needs assessment should be conducted to identify unmet needs, available resources, and the potential role of the community in the prevention effort.
- **Program type.** Services can be universal, selective, or indicated. The appropriate type of program will depend on the needs of the target group, the available staff resources, and the administrative structure of the host site.
- **Technical resources for program evaluation.** Because even successful programs must be adapted to new settings, specific resources and training should be earmarked to conduct evaluations to make sure they work in their new settings. This may include securing adequate computers for data entry and management, securing trainers and technical assistance for implementation, as well as recruiting skilled analysts.

School Characteristics. The school environment can affect students' learning and well-being. Its size, the availability of adequate resources for teachers and students, and the level of safety all contribute to the physical and emotional health of the student body.

- **Competing interests.** Schools can be an effective place to provide prevention services, but it is important to acknowledge competing interests of the school districts, the administration, parents, and community organizations.
- **School structure.** A school's structural features can facilitate or impede program implementation and therefore should be addressed. These features include classroom organization, grade levels, and the decisionmaking processes.

Community Characteristics. Surrounding poverty, drugs, and violence can adversely affect students' ability to learn as well as their attitudes and norms regarding the acceptability of the targeted risk behavior(s). Prevention staff must be aware of the atmosphere of the community in order to adequately serve its youth population's needs by tailoring the program to best fit local characteristics.

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- **Culture and language**. Where appropriate, the program elements and modes of delivery should be made culturally relevant to participants.

Big Picture. Most risk-taking behavior cannot be sufficiently addressed without a more community-oriented solution, in which children have positive experiences outside of structured programming. Community-based activities—including sports, dances, or other fun functions—can be sponsored or cosponsored by prevention programs.

READINESS CHALLENGES

Schools and community-based organizations are likely to face many challenges attempting to implement prevention programs. First of all, they must determine their own readiness to start such a program. Among the factors to consider: funding availability and level; staffing competence and ability to withstand competing program demands; and support of school and community.

Below are some of the major challenges—especially for community-based organizations (CBOs)—along with some suggestions for meeting them.

FUNDING

Challenge. To identify new sources of funding and to maintain stable funding. Even when funding is available, there may be times when funds are diverted from prevention to other activities.

Suggestions. Educate potential funders and sponsoring organizations about the value of adding a prevention component to an organization's core program. Take active steps to work with local school staff to develop joint prevention activities; for example, involve them in the program administration or in developing service learning experiences. Many prevention programs may not be sustained without government dollars, so some exploration of categorical grants (e.g., specifically for sex or drug education) is probably necessary.

STAFFING

Challenge. To ensure staff competency. In addition to having prevention and behavior change expertise, staff will probably need to adapt prevention curricula to their specific settings and target audiences. This may require bilingual and culturally competent staff to deliver specific programs or program elements. An additional problem may be staff fatigue and frustration with external obstacles, such as inadequate funding or lack of tangible results immediately.

Suggestions. Do needs assessments early on and use the results to identify programs that are most appropriate for the target audience(s), setting, potentially available staff, and resources for adaptation. Address the technical difficulties and emotional strains of staff involved in prevention efforts through technical assistance agreements and in-house support groups and other mechanisms to encourage/increase staff communication and to communicate with the staff of other similar programs (e.g., through e-mail, electronic bulletin boards, and technical assistance help lines).

SCHOOL AND TEACHER SUPPORT

Challenge. To gain support of school administrators, teachers, parents, and community leaders.

Suggestions. Develop and distribute surveys to teachers to gather suggestions about the prevention programming most needed. Work with teachers to eliminate scheduling conflicts. Familiarize staff with student schedules and try to release students from class (if needed) during elective rather than required classes. Offer services to teachers and parents to increase their exposure to the program/organization's purpose and activities. It may be possible to offer services/programs that provide a "foot in the door," for example, programs that provide a service or mechanism to protect kids from injuries and accidents by improving playground safety or tightening neighborhood security, without specifically changing students' behavior. Though programs that address physical safety should not be a substitute for behavior change programs, they may be a first step in gaining school, parental, and community support for further activity.

PREVENTION READINESS QUESTIONNAIRE

Useful questions to help program directors and planners determine where their schools or communities are on the prevention readiness continuum:

Self-Assessment

1. How long has the youth program or organization been open?

2. How does the program view its mission or role within its school, school district, or community?

   Does it provide health and/or education programs and services, including prevention programs?

   If yes:
   What is the current status of the provision of these programs and/or services? Increasing, stable, or decreasing?

   What is the current status of funding for these programs and/or services? Increasing, stable, or decreasing?

   What is the current status of staffing for these programs and/or services? Increasing, stable, or decreasing?

   Does it provide health and/or education programs and services, excluding prevention programs?

   Does it have other roles?

3. Is the youth program or organization perceived positively within the school?
   If not, are there good prospects?

4. Is the youth program or organization perceived positively within the school district?
   If not, are there good prospects?

5. Is the youth program or organization perceived positively within the immediate community?
   If not, are there good prospects?

Needs or Risk Assessment and Program Development

1. Has a needs assessment been conducted to determine the degree of preteen and teen risk-taking and the need for prevention programming?

   If yes:
   How prevalent are (each of) the risk behaviors in the school? The school district? The community?

   What are the major parental concerns about children's and adolescents' behavior and about prevention topics?

   What are the school and school district requirements regarding content and minimum hours of prevention programming?

   Are there major unmet prevention service(s)?
   In the school, if yes, what are they?

   In the school district, if yes, what are they?

   In the community, if yes, what are they?

2. Are there resources available to assist in prevention programming?
   In the school, if yes, what are they?
   If not, are there good prospects for their development?

   In the school district, if yes, what are they?
   If not, are there good prospects for their development?

   In the community, if yes, what are they?
   If not, are there good prospects for their development?

   If no to any/each, is/are there a planning committee(s) formed?

Assessment of Organizational Support

1. Do the youth program or organization sponsors support expansion of the existing program to include prevention programs or services?
2. Do the leadership and staff of the program support expansion of the existing program to include prevention programs or services?
3. Is approval required from the school, the school district, the school board, or the community before starting new prevention activities?

   If yes to each/any, can approval be gained?
4. Does the present youth program/organization have a positive working relationship with the school, the school district, and/or the community?

   If not, are there good prospects?

Funding Assessment

1. Does the youth program or organization have stable core funding for its present nonprevention activities?
2. Does the program have adequate funding to get prevention initiatives started?

   If not, are there good prospects?
3. Has program planning established, or begun to establish, a realistic budget that considers what will be needed to expand into prevention programming, including staffing needs, materials, training, outreach, and marketing?
4. Has program planning established, or begun to establish, a plan for ensuring the sustainability and institutionalization of successful programs that may not have long-term funding?

Assessment of School Environment

1. Is there pressure within the target school or from the school district to improve student achievement that would interfere with introducing school-based prevention efforts during students' class time?
2. Does the present youth program/organization have a positive relationship with the school's administrative staff and faculty?
3. Is the administrative staff supportive of implementing prevention programs either alone or in cooperation/partnership with the surrounding community?

   If not, are there good prospects?
4. Is the majority of teachers supportive of implementing prevention programs either alone or in cooperation/partnership with the surrounding community?

   If not, are there good prospects?
5. Is there adequate student free time and flexibility to allow a nonrequired prevention program(s) to be conducted during school hours?
6. Is the physical environment of the school conducive to academic, social, and health development activities?

   Are the school buildings safe?

   Are the school buildings in adequate repair?
7. Is the school's classroom climate conducive to delivering prevention programming? (For example, consider student-teacher relationships, class sizes, and flexibility in teaching curricula at the school.)
8. Are there adequate space provisions for the program to expand to prevention programming?
   If not, are there good prospects for expansion?
   What additional space provisions would be necessary?

Assessment of Community Participation and Support

1. Has the youth program/organization successfully collaborated with (other) community groups or agencies in the past?

   If yes, can the program build on that record in implementing prevention programs?

   If no, are there good prospects for developing collaborative relationships?

2. Does the program have connections to the local media so that prevention messages could be reinforced through appropriate media channels?

   If yes, are there any plans to use this capability in selecting prevention programming?

   If no, are there good prospects for developing those connections?

3. Are after-school activities such as community social groups, job opportunities, and intra- or extramural programs available for adolescents?

   If not, are there good prospects for establishing connections with those activities?

Assessment of Program Staffing

1. Does the present program have sufficient staff to conduct new/additional prevention programs and activities?

   If yes, will the current staff need additional prevention-related training?

   If no, would hiring additional staff with different professional training/skills create conflict with existing staff?

2. Is there a need for a behavior change expert/health educator on staff who can serve as liaison with the school district and/or the community?

3. Does the program have sufficient staff to monitor prevention program implementation and supervise the staff after any initial training?

   If not, are there good prospects for getting additional supervisory staff?

Assessment of Parent Participation and Support

1. Is there good/strong parent support for current programs and services?

   If not, is there any plan/effort to increase parental support?

2. Does the present program have a track record of parent participation and established relations with parents around youth services?

   If not, are there good prospects?

3. Is there a core group of parents who could serve as an advisory group?

4. Are there any plans to involve parents in prevention activities?

Assessment of Program Evaluation Capacity

1. Does the present program have access to a computer?

2. Does the program have access to the Internet?

3. Does the program have a management information system in place?

4. Are program staff resources available to input, monitor, and review behavioral change data and student outcomes?

The answers to these questions can guide program directors' and planners' efforts to identify, select, and implement successful prevention programs in their communities and schools.

PROGRAM PROFILES

The 51 program profiles are listed by content category and within each category in alphabetical order for ease of reference.

The list was compiled by contacting the publishers and/or other distributors of each of the interventions listed. When publishers were not readily identified, the developers of the interventions were contacted. For programs that are not available commercially at this time, the developers provided information on the curricula and possible replication methods. For programs that are available commercially, the developers identified the individuals responsible for providing general information on the curricula, program distributors, publishers, and existing training sources.

The subset of 21 more rigorously evaluated programs are differentiated by the following designation

CONTENT AREA:
Sexuality/Reproductive Health

ADOLESCENTS LIVING SAFELY

AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN

AIDS PREVENTION FOR ADOLESCENTS IN SCHOOLS

BE PROUD! BE RESPONSIBLE!

BECOMING A RESPONSIBLE TEEN (BART)

CONDOM AVAILABILITY IN NYC PUBLIC SCHOOLS

FOCUS ON KIDS

GET REAL ABOUT AIDS

HIV SEXUAL RISK REDUCTION INTERVENTION

INCREASING CONDOM USE AMONG HIGH-RISK FEMALE ADOLESCENTS

NURSE HOME VISIT PROGRAM

PODER LATINO

POSTPONING SEXUAL INVOLVEMENT (PSI)

PROJECT RESPECT

REACH FOR HEALTH COMMUNITY YOUTH SERVICE PROGRAM

REDUCING THE RISK (RTR)

REPRODUCTIVE HEALTH COUNSELING FOR YOUNG MEN

RIKERS HEALTH ADVOCACY PROGRAM

SAFER CHOICES

SELF CENTER

STD PREVENTION AMONG MINORITY WOMEN

TAILORING FAMILY PLANNING SERVICES TO SPECIAL NEEDS OF ADOLESCENTS

TEEN OUTREACH PROGRAM (TOP)

TEEN TALK

YOUTH AIDS PREVENTION PROJECT

ADOLESCENTS LIVING SAFELY

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Runaways
LOCATION: Urban
AGE GROUP: Ages 11–18
PROGRAM TYPE: Selective/Indicated

OBJECTIVES

An intensive program designed to prevent HIV infection and AIDS among runaway adolescents. It addresses general HIV/AIDS knowledge, coping skills, and individual barriers to safer sex.

EVALUATION

Results: The multi-session (up to 30 sessions) intervention targeted risk behaviors among 78 runaway males and females (ages 11–18). The adolescents were recruited from the only two publicly funded shelters in New York. The runaways were predominantly black or Hispanic, and female. The shelters were nonrandomly assigned to treatment or nonintervention control. Pretest and three- and six-month follow-up assessments were made. Runaways who received more intervention sessions reported significant increases in condom use at three- and six-month follow-ups and reported significant decreases in high-risk sexual behavior patterns.

Source: *Journal of the American Medical Association*, 1991, September 4; 266(9): 1237–41. "Reducing HIV sexual risk behaviors among runaway adolescents." Rotheram-Borus, M.J., Koopman, C., Haignere, C., Davies, M.

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AIDS PREVENTION AND HEALTH PROMOTION AMONG WOMEN

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Pregnant, Low-Income Women
LOCATION: Urban
AGE GROUP: Ages 16 and Older
PROGRAM TYPE: Selective

OBJECTIVES

A small-group program in family planning services agencies that targets single women pregnant for less than six months and promotes behavioral changes to reduce risk of HIV infection and development of AIDS.

EVALUATION

Results: Two hundred six inner-city women in a mid-size midwestern city were randomly assigned to a four-session AIDS risk reduction group for 2–8 women or to one of two comparison groups: a health promotion group and a no-treatment group. Only the AIDS prevention group focused on AIDS-specific knowledge, behavioral competency training, and social support. Trained female group leaders who were master's level psychologists and health educators delivered the programs. Baseline and six-month follow-up assessments were made. The AIDS prevention group, as compared to both control groups, showed significant increases in safer sex behaviors, including condom and spermicide use, at the six-month follow-up.

Source: *Health Psychology*, 1994, September; 13(5): 397–403. "Reducing inner-city women's AIDS risk activities: A study of single, pregnant women." Hobfoll, S.E., Jackson, A.P., Lavin, J., Britton, P.J., Shepherd, J.B.

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AIDS PREVENTION FOR ADOLESCENTS IN SCHOOLS

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: High School
PROGRAM TYPE: Universal

OBJECTIVES

Regular classroom teachers deliver a six-session curriculum to 9th and 11th grade high school students in New York City. The curriculum aims to improve AIDS knowledge, beliefs, and self-efficacy around skills needed to perform AIDS-preventive behaviors. Administrators, teachers, and parents were involved in developing the program.

EVALUATION

Results: Schools were nonrandomly assigned to deliver the curriculum and were compared to those that did not use the program. Assessments were conducted before the sessions started and again three months later. At the end of three months, the program was found to be particularly effective in reducing the number of sexually active participants' sex partners and number of sex acts with high-risk partners, and in increasing condom use.

Source: *Journal of the American Medical Association*, 1993, August 11; 270(6): 725–30. "AIDS risk reduction among a multiethnic sample of urban high school students." Walter H.J., and Vaughan, R.D.

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★ BE PROUD! BE RESPONSIBLE!

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: African Americans
LOCATION: Urban
AGE GROUP: Middle School
PROGRAM TYPE: Universal

OBJECTIVES

Small group–based safer sex intervention program targeting all racial and ethnic groups who attend inner-city schools and community-based programs. Program emphasizes the pride associated with responsible decisionmaking. Although it was developed primarily as an HIV prevention curriculum, *Be Proud! Be Responsible!* addresses sexual risk-taking behaviors that are also pertinent to pregnancy prevention. The principal objectives are to:

- Increase knowledge of HIV, AIDS, and other STDs;
- Increase belief in the value of safer sex, including abstinence;
- Help students negotiate safer sex and use condoms correctly;
- Develop intention among students to practice safe sex;
- Reduce sexual risk behaviors; and
- Fill students with pride and a new sense of responsibility for choosing responsible sexual behaviors.

EVALUATION

Results: Eight one-hour sessions were delivered over two Saturdays (four hours each) by specially trained adult or peer facilitators at three middle schools in Philadelphia, Pennsylvania, to 659 African American adolescents. The randomly assigned control program addressed non–sexually related cancer prevention health issues. Data were collected at pre-, 3, 6, and 12 months post-intervention. Safer sex program participants reported significantly more consistent condom use than control group participants at three months and higher frequency of condom-protected intercourse at all follow-up time intervals. Among adolescents reporting sexual experience at baseline, the program participants reported less sexual intercourse at the 6- and 12-month follow-ups and less unprotected intercourse at all follow-ups than did the control group.

Source: *Journal of the American Medical Association*, 1998, May 20; 279(19): 1529–36. "Abstinence and safer sex HIV risk-reduction interventions for African American adolescents: A randomized controlled trial." Jemmott, J.B., III, Jemmott L.S., Fong G.T.

CURRICULUM

Content: A multimedia curriculum targeted for urban settings. It emphasizes how HIV infection and AIDS have affected inner-city communities and discusses the importance of protecting the community as a reason to change individual risky behaviors. Second, participants learn that choosing to be sexually active is a choice based on how individuals feel about themselves, their partners, and the consequences of active sexual relations, such as STDs, including HIV infection, or pregnancy. Participants investigate what constitutes sexual responsibility, such as abstinence or condom use during sexual intercourse, and learn to make responsible decisions regarding their sexual behavior. A wide range of fun interactive exercises are designed to increase student participation and enhance learning. Activities include educational videos, films, role plays, condom demonstrations, and other exercises. Most activities take no longer than 20 minutes.

Duration: Recommended length is five hours. It can be implemented in five or six sessions of 45–60 minutes; in three two-hour sessions; in two 2.5-hour sessions, or in one five-hour session.

Setting: Originally designed to be used with small groups ranging from 6 to 12 participants, but it has been implemented in recent years with a larger number of youth. The curriculum can be used in various community settings, including schools or youth-serving organizations.

Orientation: Based on social behavior theory.

Cost: $95 per curriculum package.

INSTRUCTOR TRAINING

Time Requirements: Approximately 16 hours of training over two days is recommended.

Training Credentials: Substantial experience working in the area of adolescent sexuality. Individuals with less of this experience may require up to 24 hours of training. Any professional who works with children and/or young adults may attend the training. Formal certificates are given upon completion of the training and may be applied toward continuing education credits.

Fees: Vary depending on the number of participants, material costs, shipping and handling costs, trainer travel expenses, and possible site fees. Fee-for-service training is provided by ETR Associates on request from a state or local education or health agency for groups of approximately 20 to 50 people. Costs vary depending on the size of the group trained. Average costs include approximately $5,600 for staff time to prepare for and conduct the training plus travel cost (average $2,500 depending on location) and curriculum and training materials costs at approximately $250.00 per person.

MORE INFORMATION

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http://www.etr.org

Curriculum:
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Training:
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You may also contact the HIV Prevention Coordinator at your state Department of Education, as they may be able to provide information on other training opportunities. ETR Associates also developed a handbook for a booster training for teachers who have been teaching this curriculum for a year or more. Call ETR for more information.

BECOMING A RESPONSIBLE TEEN (BART)

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: African Americans
LOCATION: Urban
AGE GROUP: Ages 14–18
PROGRAM TYPE: Universal

OBJECTIVES

A small group–based safe sex intervention targeting high-risk African American adolescents, ages 14–18, as well as other youth in high-risk situations, such as delinquent males and drug-dependent adolescents. The curriculum is geared toward both sexually experienced and sexually abstinent youth. The program encourages delaying sexual activity, while stressing safer-sex condom use. Teens are given the assertive communication and refusal skills they need to delay sexual involvement and to reduce their exposure to HIV and AIDS. Principal objectives are to:

- Provide accurate information about HIV and AIDS, including means of transmission, prevention, and current community impact;
- Help students clarify values about sexual decisions and pressures; and
- Impart skills in correct condom use, assertive communication, refusal, self-management, problem-solving, and risk reduction.

EVALUATION

Results: An intervention group composed of 246 high-risk African American teenagers in Jackson, Mississippi, who received health care at a federally funded community health center were given eight weekly sessions combining education with behavioral skills training in same-sex groups by specially trained community members. The randomly assigned control program addressed HIV risk information in one session. Data were collected at pre-intervention and 6- and 12-months post-intervention. Significantly more teenagers who were virgins prior to the intervention remained abstinent at the one-year follow-up than did comparable individuals in the control group. For females only, participants in the group receiving behavioral skills training reduced their proportion of unprotected intercourse and increased the proportion of condom-protected intercourse relative to controls.

Source: *Journal of Consulting and Clinical Psychology*, 1995, April; 63(2): 221–37. "Cognitive-behavioral intervention to reduce African American adolescents' risk for HIV infection." St. Lawrence, J.S., Brasfield, T.L., Jefferson, K.W., Alleyne, E., O'Bannon, R.E., III, Shirley, A.

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CURRICULUM

Content: The curriculum includes topics and activities relevant to teen pregnancy prevention. Teens learn to clarify their own values about sexual decisions and pressures as well as practice skills to reduce sexual risk-taking. Abstinence is woven throughout the curriculum and is discussed as the best way to prevent HIV infection and pregnancy. The program, which includes group discussions and frequent role plays, consists of eight sessions: Understanding HIV and AIDS; Making Sexual Decisions and Understanding Your Values; Developing and Using Condom Skills; Learning Assertive Communication Skills; Practicing Assertive Communication Skills; Personalizing the Risks; Spreading the Word; Taking BART with You. Teens helped develop all aspects of the curriculum.

Duration: Eight sessions, each 1.5–2 hours long.

Setting: Nonschool, community-based. The curriculum was designed to be used with gender-specific groups, each group facilitated by both a male and a female group leader.

Orientation: Based on Social Behavior Theory.

Cost: $49.95 per educational package.

INSTRUCTOR TRAINING

Time Requirements: Approximately two days.

Training Credentials: Education Development Center, Inc. (EDC), trains and provides guidance to instructors, who then conduct training of teachers and others. EDC also provides formal training sessions on site. Participants of EDC training sessions may be eligible to receive a formal certificate and continuing education credits.

Fees: Costs vary depending on size of training group. Average costs: approximately $5,600 for staff time to prepare for and conduct the training plus travel cost (average $2,500 depending on location). Curriculum and training materials cost $60.00 per person.

MORE INFORMATION

Program:
ETR Associates
P.O. Box 1830
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CONDOM AVAILABILITY IN NYC PUBLIC SCHOOLS

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: High School
PROGRAM TYPE: Universal

OBJECTIVES

A non-clinic-based program for condom distribution in New York City that includes parent and administrator training, six HIV/AIDS lessons for each grade (9 through 12), a volunteer-staffed school resource room for condoms and AIDS prevention materials. Students can request condoms if they have parental consent to participate in program. Program is an ongoing collaborative effort of administrators, parents, teachers, and the school board.

EVALUATION

Results: New York City schools participating in the program were randomly selected for evaluation using a cross-sectional survey conducted three years after the start of the program. Matched comparison schools serving similar students in Chicago without the condom distribution program served as controls. Use of the condom availability program significantly, yet modestly, increased the odds of condom use at last intercourse among all continuing students. Higher-risk students, as defined by number of sexual partners in past six months, were more likely to get condoms at the school. Findings suggested that condom availability programs did not encourage students who have never had sex to become sexually active. Several other condom distribution program evaluations were reviewed, and none of the programs produced statistically significant increases in students' self-reported condom use.

Source: *American Journal of Public Health*, 1997, September; 87(9): 1427–33. "Condom availability in New York City public high schools: Relationships to condom use and sexual behavior." Guttmacher, S., Lieberman, L., Ward, D., Freudenberg, N., Radosh, A., Des Jarlais, D.

MORE INFORMATION

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FOCUS ON KIDS

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: African Americans
LOCATION: Urban
AGE GROUP: Ages 9–15
PROGRAM TYPE: Universal

OBJECTIVES

A theoretically and culturally based HIV/AIDS intervention delivered to 383 high-risk African American kids (ages 9–15) in Baltimore, Maryland, neighborhood recreation centers and a campsite. Its objective is to improve condom use over the long term. Sessions review concepts including facts about AIDS, sexually transmitted diseases, contraception, and human development.

EVALUATION

Results: Trained health educators delivered the protection motivation theory–based sessions (eight weekly meetings) with support from a community steering committee composed of residents of the area around the neighborhood youth center. Youth were asked to identify four to nine same-gender friends who were within two years of their age to enroll as a friendship group for the study. Some groups were randomly assigned to the information-only comparison group. Questionnaires were administered by a "talking" computer at baseline and 6-, 12-, and 18-month follow-ups. Intervention youth were significantly more likely than comparison youth to use more effective methods of birth control through the 6-month follow-up. However, by the 12th month, there were no significant differences in safer sex behavior between intervention and control groups.

Sources: *Archives of Pediatrics and Adolescent Medicine*, 1996, April; 150(4): 363–72. "A randomized, controlled effectiveness trial of an AIDS prevention program for low-income African-American youths." Stanton, B.F., Li, X., Ricardo, I., Galbraith, J., Feigelman, S., Kaljee, L. *Archives of Pediatrics and Adolescent Medicine*, 1996, January; 150: 17–24. "Sexually transmitted diseases, human immuno-deficiency virus, and pregnancy prevention." Stanton, B.F., Li, X., Galbraith, J., Feigelman, S., Kaljee, L.

MORE INFORMATION

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GET REAL ABOUT AIDS

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Public School Students
LOCATION: All
AGE GROUP: High School
PROGRAM TYPE: Universal

OBJECTIVES

A classroom-based HIV prevention intervention that focuses on junior high students and is designed to change students' knowledge, attitudes, and behavior related to HIV infection. The social learning theory–based program involves a 15-session skills-based HIV prevention curriculum implemented by trained health teachers. In addition to the HIV curriculum, schools are encouraged to implement activities designed to reinforce the themes of the lessons, such as HIV posters and HIV info cards.

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EVALUATION

Results: Seventeen schools within six Colorado school districts were assigned to either intervention or "standard" HIV education comparison conditions. Students in 10 schools received the 15-session, skills-based HIV prevention curriculum implemented by trained teachers. A total of 2,844 students completed at least one survey during the study period; 979 students completed both baseline and six-month follow-up assessments. Among sexually active students at the six-month follow-up, intervention students reported fewer sexual partners within the past two months and greater frequency of condom use.

Source: *Preventive Medicine*, 1994, July; 23(4): 409–17. "Preventing HIV infection among adolescents: Evaluation of a school-based education program." Main, D.S., Iverson, D.C., McGloin, J., Banspach, S.W., Collins, J.L., Rugg, D.L., Kolbe, L.J.

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HIV SEXUAL RISK REDUCTION INTERVENTION

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: African American Women
LOCATION: Urban
AGE GROUP: Ages 18–29
PROGRAM TYPE: Indicated

OBJECTIVE

A community-based social skills HIV prevention intervention designed to enhance consistent condom use among a predominantly African American economically disadvantaged community through the use of gender-relevant and culturally sensitive outreach and education.

EVALUATION

Results: A sample of 128 sexually active, heterosexual women in San Francisco, California, were recruited using street outreach techniques. The evaluation compared results from three types of interventions: a five-session social skills intervention, a single-session HIV education session, and a delayed HIV education session to which women were randomly assigned. Trained African American female health educators delivered the curricula at a community-based organization. Baseline and three-month follow-up assessments were conducted. Women who completed the social skills sessions significantly increased consistent condom use and exhibited greater sexual self-control compared to the women who received HIV information after the follow-up interview. No significant differences were found between the women who participated in the single HIV session and the women who had delayed HIV education.

Source: *Journal of the American Medical Association*, 1995, October 25; 274(16): 1271–6. "A randomized controlled trial of an HIV sexual risk-reduction intervention for young African-American women." DiClemente, R.J., and Wingood, G.M.

MORE INFORMATION

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INCREASING CONDOM USE AMONG HIGH-RISK FEMALE ADOLESCENTS

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Females Treated for STDs
LOCATION: Urban
AGE GROUP: Ages 15–19
PROGRAM TYPE: Indicated

OBJECTIVES

A small-group intervention for female adolescents (ages 15–19) who visit family planning and STD clinics who are at high risk of pregnancy, STD infections, or reinfection. The program is designed to increase their condom use.

EVALUATION

Results: Two hundred nine participants in Indianapolis, Indiana, were recruited for the study based on the results of chlamydia screening and were randomly assigned to "standard" counseling or the behavioral skills intervention program. The intervention session was 10–20 minutes. It included condom use information, role play scenarios related to condom use, and free treatment for chlamydia; the control session was the same length. Baseline and six-month follow-up assessments using STD tests and interviews were conducted. Women in the experimental group reported increased condom use by their sexual partners for both STD protection and vaginal intercourse at the six-month follow-up. However, chlamydia reinfection rates were not significantly different between treatment and control groups.

Source: *Journal of Pediatrics*, 1996; 128: 288–95. "Behavioral intervention to increase condom use among high-risk female adolescents." Orr, D.P., Langefeld, C.D., Katz, B.P., Caine, V.A.

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NURSE HOME VISIT PROGRAM

FOCUS: Child Health/Violence/Substance Use
TARGET GROUP: Unmarried, Pregnant Teenagers
LOCATION: Semi-rural
AGE GROUP: High School
PROGRAM TYPE: Selective

OBJECTIVES

To improve prenatal health and the outcomes of pregnancy; provide better care to infants and toddlers; and advance children's health and development. Program also seeks to improve mothers' personal development, giving particular attention to the planning of future pregnancies, educational achievement, and parents' participation in the workforce.

EVALUATION

Results: Nurses conducted an average of 9 visits during pregnancy and 23 visits from birth to two years to 400 women living in a semi-rural community in New York. A total of 315 adolescent offspring participated in a follow-up study when they were 15 years old. The study assessed the teens' conduct, sexuality, and substance use. Fifteen years after the intervention, adolescents born to women in the intervention group reported statistically significant behavioral differences as compared to the adolescents born to women in the control group, including fewer instances of running away, fewer arrests, fewer convictions and violations of probation, fewer lifetime sex partners, and fewer days having consumed alcohol in the last six months.

Source: *Journal of the American Medical Association*, 1998, October 14; 280(14): 1238–44.
"Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial." Olds, D., Henderson, C.R., Jr., Cole, R., Eckenrode, J., Kitzman, H., Luckey, D., Pettitt, L., Sidora, K., Morris, P., Powers, J.

CURRICULUM

Content: The Nurse Home Visit Program consists of intensive and comprehensive home visitation by nurses during a woman's pregnancy and the first two years after birth of the woman's first child. While the primary mode of service delivery is home visitation, the program depends on a variety of other health and human services in order to achieve its positive effects. Typically, a nurse visitor is assigned to a family and works with that family through the duration of the program. The program is designed to serve low-income, at-risk pregnant teens bearing their first child.

Duration: Two years.

Setting: Home-based.

MORE INFORMATION

Program:

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Replication and Program Strategies
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Fax: (215) 557-4485
http://www.replication.org

★ PODER LATINO

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Latino Youth at Risk for HIV/AIDS
LOCATION: Urban
AGE GROUP: Ages 14–20
PROGRAM TYPE: Universal

OBJECTIVES

Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth increases awareness of HIV/AIDS by saturating target neighborhoods with public service announcements about risk reduction. In addition, the program encourages sexually active teens to use condoms.

EVALUATION

Results: Two matched cities were nonrandomly assigned to treatment (Boston, Massachusetts) and control (Hartford, Connecticut) groups. The control community did not formally receive any activities. This study was conducted over an 18-month period with baseline and follow-up interviews of cross-sections of the target population collected by bilingual staff. Boys exposed to the experimental program messages were less likely to initiate first intercourse than boys in the control community; girls in the experimental program were significantly less likely to have multiple partners at follow-up than were girls in the control area. The programs promoting and distributing condoms had no effect on the onset of sexual activity for females, the chances of multiple partners for males, or the frequency of sex for either males or females.

Source: *American Journal of Public Health*, 1994, December; 84(12): 1952–9. "Does the promotion and distribution of condoms increase teen sexual activity? Evidence from an HIV prevention program for Latino youth." Sellers, D.E., McGraw, S.A., McKinlay, J.B.

CURRICULUM

Content: Project messages are reinforced through ongoing activities conducted by specially trained peer leaders, including workshops in schools, community organizations, and health centers; group discussions in teens' homes; presentations at large community centers; and door-to-door canvassing. At all activities, condoms are available, along with pamphlets explaining their correct use. The curriculum is distributed by Sociometrics and is part of its Archive on Sexuality, Health, and Adolescence, a collection of promising teen pregnancy and STD/HIV/AIDS prevention programs.

Duration: One year or more.

Setting: School-, home-, and community-based.

Orientation: The programs have been selected by a scientist expert panel for their demonstrated effectiveness in changing fertility and STD/HIV/AIDS-related behaviors among teens.

Cost: $195 for the complete curriculum package, which also includes resources for evaluating the program: the original evaluation instruments; a generic questionnaire that can be used with most teen pregnancy/STD prevention programs; and a local evaluator consultant network directory for additional evaluation assistance. The User's Guide by itself is $15.

INSTRUCTOR TRAINING

Sociometrics, the curriculum distributor, provides no formal training for teaching the curriculum. Information on who is most qualified to implement the curriculum, as well as how to most effectively implement it, is contained in the User's Guide included in the complete package. In addition, Sociometrics provides telephone technical support on program implementation and evaluation. The support is provided free of charge for one year from the date of purchase.

Technical assistance services are also provided to assist programs in their own evaluation of the curriculum's effectiveness. Sociometrics provides advice and document review on one or more aspects of program development and evaluation, including conducting evaluation workshops, proposal writing, program model development, research design planning, instrument development, data collection, data management, and data analysis.

Fees: Technical assistance available by the hour (averages $75 per hour) or on a monthly basis ($200–300 per month, depending on size of program).

MORE INFORMATION

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Signify in message that inquiry is in reference to PASHA Packet.

POSTPONING SEXUAL INVOLVEMENT (PSI)

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Low-Income, Minority Students in Public School
LOCATION: Urban
AGE GROUP: Grade 8
PROGRAM TYPE: Universal

OBJECTIVES

A classroom-based sex education curriculum emphasizing abstinence targeted to low-income African American junior high students. Its focus is to help young people delay sexual involvement until they are older and mature enough to handle the responsibilities and consequences that go along with a sexual relationship.

EVALUATION

Results: An Atlanta hospital ran a family planning–based outreach program led by older teenagers for eighth graders in a local school system. The program focused on helping students resist peer and social pressure to initiate sexual activity. Evaluation of the program, based on telephone interviews with 536 low-income students, revealed that among students who had not had sexual intercourse, those who participated in the program were significantly more likely to continue to postpone sexual activity through the end of the ninth grade than were similar students who did not participate in the program. Because of their lower rate of sexual activity, participants also experienced comparatively fewer pregnancies than students who did not participate in the program.

Source: *Family Planning Perspectives*, 1990, January-February; 22(1): 21–6. "Helping teenagers postpone sexual involvement." Howard, M., McCabe, J.B.

CURRICULUM

Content: Varies according to component.

Duration: Varies according to component.

Setting: Classroom- and home-based.

Orientation: Varies according to component.

Cost: Varies according to component.

The components of the program are as follows:

Postponing Sexual Involvement: An Educational Series for Young Teens. A skill-building series designed for 12- to 15-year-olds (7th and 8th graders) to enable them to handle the social and peer pressures that could lead to premature sexual involvement. Five 50-minute sessions. The program includes a leader's guide and video. The leader's guide covers five sessions of information and activities designed to help young people avoid sexual involvement. The video segments are designed to enhance learning through the use of youth presenters. There is also a new complement to *Postponing Sexual Involvement: An Educational Series for Young Teens.* The complement is called *Respecting Your Future: A Discussion Guide on Adolescent Sexuality for Young Teens.* It is aimed at youth in junior high or middle school. This guide is the main program tool and is grounded on the notion that providing opportunities for adolescents to discuss issues surrounding adolescent sexuality is an important way of helping them decide how they will manage their sexual behavior and how they will view sexual behavior of others. Cost: $50 per guide.

Postponing Sexual Involvement: A Series for Parents of Young Teens. A companion series designed to improve parent/child communication and enable parents to reinforce the attitudes and skills that young teens need to avoid premature sexual involvement. This parent portion of the curriculum is designed to help parents articulate the reasons why they think young people become sexually involved and, through group interaction, determine ways in which parents can help young people. Parents are assisted with ways to talk to their child about relationships and the importance of setting limits on physically expressing affection in relationships. Parents also are reminded of various dilemmas that young people face and are trained in ways to confront their children and help them deal with these dilemmas. Two 90-minute sessions. Cost: $99 per program packet (includes a leader's guide and video).

Postponing Sexual Involvement: An Educational Series for Preteens. A skill-building series designed for 10- to 12-year-olds (5th and 6th graders) to enable them to handle curiosity about sex and the social and peer pressures that could lead to premature sexual involvement. Five 50-minute sessions. The leader's guide covers five sessions of information and activities designed to help young people avoid sexual involvement. The video segments are designed to enhance learning through the use of youth as presenters. Cost: $149 per program packet (includes a leader's guide and video).

Postponing Sexual Involvement: A Series for Parents of Preteens. Helps parents understand the sexual curiosity of their preteens and the skills that young teens need to avoid premature sexual involvement. Two 90-minute sessions. This parent portion of the curriculum is designed to help parents articulate the reasons why they think young people become sexually involved and, through group interaction, determine ways in which parents can help young people. Parents are assisted with ways to talk to their child about relationships and about the importance of setting limits on physically expressing affection in relationships. Parents also are reminded of various dilemmas that young people in today's world face and are trained in ways to confront their children and help them deal with these dilemmas. Cost: $99 per parent guide.

Training Teen Leaders. A detailed handbook and video for training students in the 10th, 11th, and 12th grades to present educational programs to younger youth. The course requires 30 hours of training. The handbook takes the user through the process of recruiting, selecting, training, and supervising teen leaders. It helps teens develop facilitation skills, including presenting ground rules, giving clear directions, and leading small groups. The learning is reinforced with the help of the video. Cost: $200 (includes 176-page Handbook on Training Teen Leaders, video, and five Teen Leader Survival Guides).

There is also a new complement to *Postponing Sexual Involvement: An Educational Series for Young Teens* called *Respecting Your Future: A Discussion Guide on Adolescent Sexuality for Young Teens.* It is aimed at youth in junior high or middle school. This guide is the main program tool and is grounded on the notion that providing opportunities for adolescents to discuss issues surrounding adolescent sexuality is an important way of helping them decide how they will manage their sexual behavior and how they will view sexual behavior of others. Cost: $50 per guide.

INSTRUCTOR TRAINING

Time Requirements: One- and two-day sessions.

Training Credentials: Numerous training sessions are held throughout the U.S. and there are no special requirements for participation in these sessions. Participants include health educators, teachers, nurses, youth leaders, girls'/boys' club leaders, church youth educators, and/or volunteers interested in working with youth. Options are as follows: groups of 15 to 40 individuals can be trained on the preteen or young teen components of PSI; groups of 15 to 40 individuals can be trained on the parent component; groups of 10 to 25 adults who are already trained in the curriculum implementation can learn how to train teen leaders.

Costs: The price of an on-site trainer is $500, plus the expense of travel, hotel, and meals.

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★ PROJECT RESPECT

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: People with STDs and High Risk for HIV
LOCATION: Urban
AGE GROUP: Ages 14 and Older
PROGRAM TYPE: Selective

OBJECTIVES
Project RESPECT provides counseling in how to change high-risk sexual behaviors and prevent STDs and HIV infection.

EVALUATION
Results: A total of 5,758 heterosexual, HIV-negative patients ages 14 and older who came for STD examinations to one of five public STD clinics in Baltimore, Denver, Long Beach, Newark, and San Francisco participated in the randomized trial. Patients were randomly assigned to either enhanced counseling (four sessions), brief counseling (two sessions), or standard treatment of didactic counseling (two sessions). STD tests and questionnaire data on condom use were collected at baseline and 3-, 6-, 9-, and 12-month follow-ups. At all follow-ups, including one-year, significantly fewer counseling clients had new STDs than did the patients assigned to the sessions in which they only received the standard didactic messages. Findings were similar for both sexes and better for adolescents and those who did not have an STD at baseline.

Source: *Journal of the American Medical Association*, 1998, October 7; 280(13): 1161–7. "Efficacy of risk-reduction counseling to prevent human immunodeficiency virus and sexually transmitted diseases: A randomized controlled trial." Kamb, M.L., Fishbein, M., Douglas, J.M., Jr., Rhodes, F., Rogers, J., Bolan, G., Zenilman, J., Hoxworth, T., Malotte, C.K., Iatesta, M., Kent, C., Lentz, A., Graziano, S., Byers, R.H., Peterman, T.A.

CURRICULUM

Content: One-on-one counseling sessions with regular clinic staff included Enhanced Counseling (four interactive counseling sessions based on theories of behavioral science), Brief Counseling (two short, interactive counseling sessions based on CDC's client-centered HIV prevention counseling model), and Didactic Messages (two brief information-only sessions that are typical of what is currently done at many test sites).

Duration: Four sessions.

Setting: Clinic-based.

Orientation: One-on-one counseling is based on social learning and reasoned action theories.

Cost: The complete Enhanced Counseling and Brief Counseling Intervention Manuals, as well as the Didactic Messages manual, can be downloaded from the Web at no charge. Go to http://www.cdc.gov/nchstp/hiv_aids/projects/respect/.

INSTRUCTOR TRAINING

There is no training available for the Project RESPECT interventions. Current Centers for Disease Control training courses in HIV prevention counseling advocate the same approach to prevention counseling used in Project RESPECT. Intervention Manuals that can be downloaded from the Web contain step-by-step instructions. Go to http://www.cdc.gov/nchstp/od/nchstp.html.

REACH FOR HEALTH COMMUNITY YOUTH SERVICE PROGRAM

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Public School Students/Minorities
LOCATION: Urban
AGE GROUP: Middle School
PROGRAM TYPE: Universal

OBJECTIVES

A multi-component intervention program that includes a classroom health education curriculum with a community youth service (CYS) component. Its objectives are to reduce sexual risk behaviors among seventh and eighth grade students in urban schools.

EVALUATION

Results: Randomly selected classes within one middle school in Brooklyn, New York, were taught either the health education curriculum alone or with the CYS; a second school served as a "standard" education comparison group. Data were collected at baseline and six months later. Participants in both health education classes and the CYS program reported significantly less recent sexual activity and scored lower on the sexual activity index than those in the comparison group. In addition, those who participated in CYS for two years showed greater effects than those who were exposed for less time.

Source: *American Journal of Public Health*, 1999, February; 89(2): 176–81. "The effectiveness of the Reach for Health Community Youth Service Learning Program in reducing early and unprotected sex among urban middle school students." O'Donnell, L., Stueve, A., San Doval, A., Duran, R., Haber, D., Atnafou, R., et al.

MORE INFORMATION

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★ REDUCING THE RISK (RTR)

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Adolescents
LOCATION: Urban/Rural
AGE GROUP: Grade 10
PROGRAM TYPE: Universal

OBJECTIVES

A classroom-based sex education curriculum originally delivered to 10th graders as part of regular health education. It seeks to motivate students to change high-risk behavior. RTR emphasizes refusal statements, delay statements, and alternative actions for students to help them abstain from sexual activity or engage in safe sex. It is designed to prepare students to:

- Evaluate the risks and consequences of becoming adolescent parents or becoming infected with HIV or another STD;
- Recognize that abstaining from sexual activity or using contraception are the only ways to avoid pregnancy, HIV infection, and other STDs;
- Understand that knowledge about conception and protection is essential for avoiding teenage pregnancy, HIV infection, and other STDs; and
- Demonstrate effective communication skills for remaining abstinent and for avoiding unprotected sexual intercourse.

EVALUATION

Results: At 13 California high schools, 758 students were assigned to either treatment or control groups. There were baseline and 6- and 18-month follow-up assessments. For students who had never had sex at baseline, the program significantly reduced their likelihood of becoming sexually active relative to control group participants at the 18-month post-test. For students who did become sexually active, the treatment group students were significantly more likely to use contraception consistently than their control group counterparts at the 18-month follow-up. However, for students who were already sexually active at baseline and for high-risk kids, there were no differences in contraceptive use between treatment and control groups at final follow-up.

Source: *Family Planning Perspectives*, 1991, November-December; 23(6): 253–63. "Reducing the risk: Impact of a new curriculum on sexual risk-taking." Kirby, D., Barth, R.P., Leland, N., Fetro, J.V.

CURRICULUM

Content: This program goes beyond providing the facts about abstinence and protection to present an active approach to preventing teen pregnancy and STDs. It seeks to motivate students to change high-risk behavior. However, RTR is not an all-encompassing sexuality education curriculum. It is designed to be embedded in the context of a comprehensive family life or health education program.

Duration: The curriculum consists of 16 sessions of 45 minutes each; however, most sessions can be expanded to fill two class periods—a total of 90 minutes.

Setting: Classroom.

Orientation: RTR is based on three interrelated social behavioral theoretical models.

Cost: The following materials are available:

- A complete teacher's manual for $42.95 each. The teaching manual comes with one student workbook, available in both English and Spanish.
- *Reducing the Risk: Student Workbook*, 3rd Edition: Set of five student workbooks to support *Reducing the Risk* curriculum ($18.95 each set; in English or Spanish).
- Reducing the Risk Activity Kit: Includes all materials needed to successfully teach *Reducing the Risk* ($39.00 each).

INSTRUCTOR TRAINING

Time Requirements: A one- or two-day workshop prepares school teams for adoption of the curriculum. A three-day skills-based educator training prepares teachers to implement RTR in the classroom. A four-day training enables experienced teachers to train others who will implement the curriculum.

Training Credentials: No formal certificate or continuing education credits are available for those who complete RTR training.

Fees: Basic educator training for *Reducing the Risk* is available on a fee-for-service basis. Fee-for service training is provided by request from a state or local education or health agency for groups of approximately 20 to 50 people. Costs vary depending on the size of the group trained. Average costs include approximately $5,600 for staff time to prepare and conduct the training, plus travel cost (about $2,500 depending on location). Curriculum and training materials are approximately $60.00 per person.

A handbook also is available for a booster training of teachers who have been teaching this curriculum for a year or more.

MORE INFORMATION

Program, Curriculum, and Training:
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
Phone: (800) 321-4407
Fax: (800) 435-8433
http://www.etr.org

Training Options:
Bonnie Kinley, phone (831) 438-4060, extension 104.
A local trainer in your state also may be qualified to provide *Reducing the Risk* training. Contact the HIV Prevention Coordinator at your state Department of Education to find out.

REPRODUCTIVE HEALTH COUNSELING FOR YOUNG MEN

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Young Males
LOCATION: Urban
AGE GROUP: Ages 15–18
PROGRAM TYPE: Universal/Selective

OBJECTIVES

A reproductive health intervention program that combines an explicit half-hour slide-tape program with a personal health consultation. Its objectives are to encourage abstinence and consistent contraception use.

EVALUATION

Results: A random selection of young males in a large health maintenance organization in Portland, Oregon, attended the program's one-to-one session. Other young males were assigned to a group that received "standard" reproductive health counseling. Pre- and one-year follow-up assessments were conducted. For those who were abstinent before the intervention, significantly fewer in the intervention group became sexually active; for those who were sexually active before the intervention, significantly more in the intervention group reported pill use by their partner at last sex than those in the comparison group.

Source: *Family Planning Perspectives*, 1990, May-Jun; 22(3). 115–21. "Reproductive health counseling for young men: What does it do?" Danielson, R., Marcy, S., Plunkett, A., Wiest, W., Greenlick, M.R.

MORE INFORMATION

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RIKERS HEALTH ADVOCACY PROGRAM

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Young Males in Jail
LOCATION: Urban
AGE GROUP: Ages 16–19
PROGRAM TYPE: Selective/Indicated

OBJECTIVES

An intensive AIDS education program for incarcerated male adolescent (ages 16–19) drug users designed to reduce HIV risk behaviors. The intervention consists of four (twice-weekly one-hour) sessions focusing on health education–related adolescent drug use and HIV/AIDS. A male counselor who uses a written curriculum facilitates groups; the curriculum is adapted for each group.

EVALUATION

Results: One hundred ten participants were compared with 301 members of a wait-list comparison group who were discharged or transferred before program exposure. Follow-up assessments were conducted at 10 months after baseline or 5 months after release through individual interviews. Treatment group youth reported significantly higher condom use and marginally lower rates of high-risk sexual partnerships (i.e., sex with IV drug users, heterosexual anal intercourse).

Source: *Journal of Adolescent Health*, 1994, September; 15(6): 457–63. "Outcomes of intensive AIDS education for male adolescent drug users in jail." Magura, S., Kang, S.Y., Shapiro, J.L.

MORE INFORMATION

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SAFER CHOICES

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: Grades 9 and 10
PROGRAM TYPE: Universal

OBJECTIVES

A multi-component intervention program, emphasizing HIV/STD and pregnancy prevention.

EVALUATION

Results: Safer Choices was evaluated using a randomized trial involving 20 schools in California and Texas. Three thousand eight hundred sixty-nine ninth grade students participated and were randomly assigned to treatment or standard sex education groups. Data were collected at baseline and at 6-, 12-, and 18-month follow-ups. Eighteen-month follow-up data indicate that treatment group members were significantly less likely to have unprotected intercourse, were more likely to use an effective method at last intercourse, and had marginally fewer sexual partners than controls.

Sources: "Evaluation Results of the Safer Choices Program." Coyle, K., Basen-Engquist, K., Parcel, G., Kirby, D., Banspach, S., Harrist, R., Baumler, E., Carvajal, S., Collins, J. Paper presented at the Annual Meeting of the American Public Health Association, Washington, DC, May 1999. *Journal of School Health*, 1996, March; 66(3): 89–94. Coyle, K., Kirby, D., Parcel, G., Basen-Engquist, K., Banspach, S., Rugg, D., Weil, M.

CURRICULUM

Content: Taught to 9th and 10th graders by trained student peers using *Reducing the Risk* curriculum (see page 42) as its classroom component. Other components of the program include health promotion involving parents, teachers, school staff, and community leaders; school environment activities led by peer educators; parent education; and community activities.

Duration: Ten lessons.

Setting: School-, home-, and community-based.

Orientation: Based on three interrelated social behavioral theoretical models.

Cost: $149.00 for complete curriculum consisting of the following materials:
- Two 10-lesson curricula, plus 2 workbooks;
- Peer leader training guide, plus 2 workbooks ($22 if purchased separately);
- Implementation manual ($49 if purchased separately); and
- Slipcase.

INSTRUCTOR TRAINING

Currently, no formal training exists specifically for this curriculum.

MORE INFORMATION

Program, Curriculum, and Training:
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
Phone: 1-800-321-4407
Fax: 1-800-435-8433
http://www.etr.org

SELF CENTER

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: African American Adolescents
LOCATION: Urban
AGE GROUP: Junior and Senior High School
PROGRAM TYPE: Universal with Selective and Indicated Components

OBJECTIVES

An experimental multi-component pregnancy prevention program in Baltimore, Maryland, for junior and senior high school students that combines school and clinic activities and services. In-school components included classroom presentations, informal discussion groups, and individual counseling; clinic services included group education, individual counseling, and reproductive health care in a nearby clinic.

EVALUATION

Results: A nonrandomly selected group of schools that did not offer the experimental program were compared with a group that did offer the pregnancy prevention program. The evaluation was conducted over a three-year period, with assessments at the beginning of the program and during the spring term of each year. There was a significant increase in the proportion of sexually active males and females from program schools who attended and obtained contraception at a family planning clinic relative to students in the schools that did not offer the program. Statistically significant increases in pill use were also found for patients participating in the program.

Source: *Family Planning Perspectives*,1988, July-August; 20(4): 188–92. "The Baltimore pregnancy prevention program for urban teenagers II. What did it cost?" Zabin, L.S., Hirsch, M.B., Smith, E.A., Smith, M., Emerson, M.R., King, T.M., Streett, R., Hardy, J.B.

MORE INFORMATION

Program:

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STD PREVENTION AMONG MINORITY WOMEN

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Minority Women Clients of Public Health Clinics
LOCATION: Urban
AGE GROUP: High School and Older
PROGRAM TYPE: Selective

OBJECTIVES

A small-group intervention focused primarily on the prevention of HIV/AIDS and STD infection among minority women, ages 18–44.

EVALUATION

Results: A total of 424 Mexican American and 193 African American women with nonviral sexually transmitted diseases were enrolled in a randomized trial. The control group received standard STD counseling about sexually transmitted diseases; the experimental group received three small-group sessions. Evaluations using STD tests and interview data were conducted at baseline and at 6- and 12-month follow-up visits. Reinfection rates were significantly lower at each follow-up (including one-year) among participants in the small-group counseling sessions than in the standard care control group.

Source: *New England Journal of Medicine*, 1999, January 14; 340(2): 93–100. "A randomized, controlled trial of a behavioral intervention to prevent sexually transmitted disease among minority women." Shain, R.N., Piper, J.M., Newton, E.R., Perdue, S.T., Ramos, R., Champion, J.D., Guerra, F.A.

CURRICULUM

Content: Intervention consists of HIV/STD screening and small-group sessions (three to four hours in length) designed to help participants recognize personal susceptibility to disease and to help each participant acquire the skills needed to change her behavior in a way that reduces risk.

Duration: Three sessions of three or four hours each.

Setting: Public health clinics.

Orientation: Based on the AIDS Risk Reduction Model, a social behavior theory–based approach, and ethnographic data on the study population.

Cost: No curriculum currently available, but the developer plans commercial release in the future.

INSTRUCTOR TRAINING

No instructor training available.

MORE INFORMATION

Program, Curriculum, and Training:

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Signify in message that inquiry is in reference to PASHA Packet.

TAILORING FAMILY PLANNING SERVICES TO SPECIAL NEEDS OF ADOLESCENTS

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Adolescents Attending Family Planning Clinics
LOCATION: Rural
AGE GROUP: Under 18
PROGRAM TYPE: Selective

OBJECTIVES

A one-to-one counseling program based on experimental service protocols tailored to the needs of teens (under 18 years of age) attending family planning clinics. The program is designed to provide family planning services in a manner that would increase teens' sense of comfort, increase self-confidence, and reduce any fears that may discourage regular and effective contraceptive use. A clinical exam is done during a separate appointment from the one-on-one counseling session, which includes use of visual aids.

EVALUATION

Results: The protocols were tested against usual service delivery practices in a study involving 1,261 patients under age 18 at six nonmetropolitan central Pennsylvania family planning clinics. Nonrandomly selected clinics delivered usual care services for comparison. Baseline and six-month and one-year follow-up assessments were conducted. Experimental service teens were less likely to be pregnant at the one-year follow-up. Intermediate findings at six months showed that experimental teens were more likely to continue using a birth control method and less likely to experience difficulty in dealing with contraceptive-related problems.

Source: *Family Planning Perspectives*, 1991, January-February; 23(1): 24–30. "Tailoring family planning services to the special needs of adolescents." Winter, L., Breckenmaker, L.C.

MORE INFORMATION

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TEEN OUTREACH PROGRAM (TOP)

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Public and Private School Students
LOCATION: All
AGE GROUP: High School
PROGRAM TYPE: Universal

OBJECTIVES

A comprehensive program to foster the positive development of adolescents. It seeks to prevent risk factors that increase academic failure, dropout rates, teen pregnancy, and other negative behaviors.

EVALUATION

Results: High school students in 25 sites nationwide were randomly assigned to either a teen outreach program or a control group and were assessed at both program entry and at program exit nine months later, at the end of the school year. For females, program participants reported significantly fewer pregnancies (less than half as likely to become pregnant) than control group participants. For males, there were too few cases of reporting responsibility for a pregnancy to permit analysis.

Source: *Child Development*, 1997, August; 64(4): 729–42. "Preventing teen pregnancy and academic failure: Experimental evaluation of a developmentally based approach." Allen, J.P., Philliber, S., Herring, S., Kuperminc, G.P.

CURRICULUM

Content: The Teen Outreach Curriculum, Changing Scenes, forms the basis for group discussions in a classroom-like setting. One of the two main features of the program involves young people in curriculum-guided group discussions. The other one is a community component that provides opportunities for volunteer services for young people to pursue for a minimum of 20 hours per program year. TOP advocates abstinence-plus-education. The program acknowledges that the only sure way to prevent pregnancy and sexually transmitted diseases is through abstinence; however, it includes information about alternatives as well. Each program is independently operated and focused on the specific problems facing the particular community in which it is implemented.

A model Teen Outreach Program consists of a minimum of four TOP classrooms. Staffing patterns involve one full-time coordinator, a school administrator, and four part-time facilitators. TOP is considered a relatively inexpensive program. Around the country, TOP sponsors have found ways to generate community support for TOP programs in the form of cash, in-kind, and donated resources.

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Duration: Nine months.

Setting: Classroom-based.

Orientation: Youth development approach in which diversion activities and service learning are emphasized.

Cost: The following products support the implementation of the curriculum:

- Teen Outreach Program (TOP) Operations Manual: A Guide to Creating Local Models—$35.00.
- Changing Scenes Overview—first copy complimentary; additional copies $10.00 each.
- Changing Scenes Curriculum Package—seven-piece curriculum package for $195.00.
- TOP News—first year subscription free.
- Teen Outreach (TOP) Community Service Learning Handbook: Creating Successful Community Service Learning Programs—$15.00

TOP en Español, a Spanish-language adaptation of the Teen Outreach Program, also is available. The Cambios curriculum, a Spanish-language version of Changing Scenes, is linguistically and culturally relevant while maintaining the integrity of the nationally replicated and evaluated English version of the curriculum.

INSTRUCTOR TRAINING

The Cornerstone Consulting Group, Inc., offers on-site technical assistance and training to organizations and groups interested in implementing TOP. It also sponsors regional training events and a national dissemination and replication of this project, and it may assist with program development and research and evaluation.

MORE INFORMATION

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Information on previous evaluations of TOP's effectiveness can be obtained from Philliber Research Associates at (914) 626-2126.

TEEN TALK

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: High-Risk/Low-Income
LOCATION: Urban/Rural
AGE GROUP: Ages 13–19
PROGRAM TYPE: Universal

OBJECTIVES

A school- or community health centers–based sex and contraception education intervention for teens between the ages of 13 and 19. Students participate in small-group discussions designed to help teens understand and personalize the risks and consequences of teenage pregnancy; develop and practice the skills that will make abstinence an easier decision to implement; and become more knowledgeable regarding contraceptive use.

EVALUATION

Results: In a controlled field study involving 1,444 adolescent girls and boys 13 to 19 years of age in Texas and California, participants were randomly assigned to teen talk classes or to standard sex education classes. Individual interview data were collected at baseline, immediately following the intervention, and one year following the completion of the program. Males in the sex education classes based on a Health Belief Model-Social Learning Theory program—the Teen Talk program group—who were abstinent at pretest were significantly more likely than controls to remain so at one-year follow-up. Males who were sexually active at baseline reported significantly higher contraceptive consistency use scores than controls at the 12-month follow-up. There were no program differences for females.

Sources: *Health Education Quarterly*, 1992, Summer; 19(2): 249–62. "A Health Belief Model-Social Learning Theory approach to adolescents' fertility control: Findings from a controlled field trial." Eisen, M., Zellman, G.L., McAlister, A. *Family Planning Perspectives*, 1990, November-December; 22(6): 261–71. "Evaluating the impact of a theory-based sexuality and contraceptive education program." Eisen, M., Zellman, G.L., McAlister, A.L.

CURRICULUM

Content: The pregnancy prevention program begins with two lecture presentations covering reproductive physiology, contraception methods, and contraceptive effectiveness. Subsequent sessions include games, role plays, and trigger films that encourage group discussion.

The curriculum is distributed by Sociometrics and is part of its Archive on Sexuality, Health, and Adolescence (PASHA ST11). PASHA is a collection of teen pregnancy and STD/HIV/AIDS prevention programs. The programs have been selected by a Scientist Expert Panel for their demonstrated effectiveness in changing fertility- and STD/HIV/AIDS-related behaviors among teens.

Duration: 12 to 15 hours.

Setting: Classroom.

Orientation: Based on social behavior theory.

Cost: $195 for complete Teen Talk Program Package, which includes training manuals, curriculum guidebook, workbooks, videos, board game, user's guide ($15 if purchased separately), evaluation materials, and directory of local evaluators.

INSTRUCTOR TRAINING

There is no formal training for the curriculum. Information on who is most qualified to implement the curriculum, as well as how to most effectively implement it, is contained in the user's guide included in the complete curriculum package. In addition, Sociometrics provides free telephone technical support on program implementation and evaluation for one year from the date of purchase.

Fees: Technical assistance available by the hour (averages $75 per hour) or on a monthly basis ($200–300 per month, depending on size of program).

MORE INFORMATION

Program, Curriculum, and Training:
John Shields, Ph.D. (or Shobana Raghupathy, technical assistance only)
Sociometrics Corporation
170 State Street, Suite 260
Los Altos, CA 94022-2812
Phone: 1-800-846-3475 or (650) 949-3282 ext. 213 (Shields); ext. 209 (Raghupathy)
Fax: (650) 949-3299
E-mail: jshields@socio.com; shobana@socio.com
http://www.socio.com

Signify in message that inquiry is in reference to PASHA Packet.

YOUTH AIDS PREVENTION PROJECT

FOCUS: Sexuality/Reproductive Health
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: Junior High School
PROGRAM TYPE: Universal

OBJECTIVES

A classroom-based multiple risk reduction program to prevent STDs, HIV/AIDS, and substance abuse among teens in junior high school. The curriculum includes class lectures, videos, small-group exercises, role plays, and homework assignments. It requires teacher training, a parent-child communication component, and master's level health educators.

EVALUATION

Results: The evaluation assessed the impact of the school-based AIDS prevention program in Chicago, Illinois, on student participation in sexual risk and protective behaviors. Seventh graders were randomly assigned by schools within districts to receive a 10-lesson curriculum and five booster lessons in eighth grade or "usual care" AIDS education. Pretest at beginning of seventh grade and post-test at end of eighth grade were conducted. Of students who became sexually active during seventh and eighth grades, students in the treatment group were significantly more likely to have ever used condoms with foam and had lower frequency of sex in the last month at the follow-up.

Source: *Journal of School Health*, 1995, April; 65(4): 145–51. "Impact of a school-based AIDS prevention program on risk and protective behavior for newly sexually active students." Levy, S.R., Perhats, C., Weeks, K., Handler, A.S., Zhu, C., Flay, B.R.

MORE INFORMATION

Program:

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CONTENT AREA: Substance Use

CHILD DEVELOPMENT PROJECT

KNOW YOUR BODY

LIFE SKILLS TRAINING (LST)

MASS MEDIA SMOKING PREVENTION PROJECT

MIDWESTERN PREVENTION PROJECT (PROJECT STAR)

MINNESOTA HEART HEALTH PROGRAM (SMOKING PREVENTION)

POSITIVE YOUTH DEVELOPMENT PROGRAM

PROJECT ALERT

PROJECT NORTHLAND

PROJECT SHOUT

PROJECT TND

PROJECT TNT

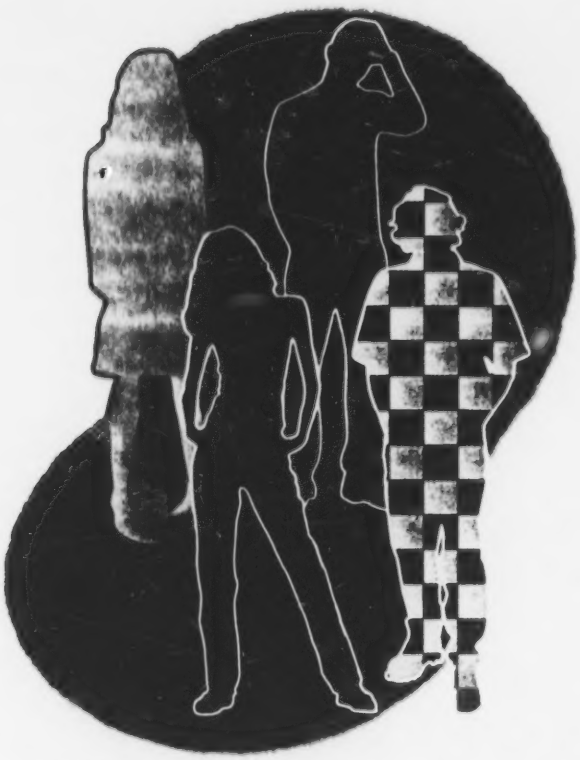
STARS ALCOHOL USE INTERVENTION

STAY SMART

SUBSTANCE ABUSE PREVENTION FOR AMERICAN INDIAN ADOLESCENTS

TARGETING EARLY ANTECEDENTS TO PREVENT TOBACCO SMOKING

TOBACCO PREVENTION IN KENTUCKY



CHILD DEVELOPMENT PROJECT

FOCUS: Substance Use
TARGET GROUP: Public School Students/Minorities
LOCATION: Varied
AGE GROUP: Elementary School
PROGRAM TYPE: Universal

OBJECTIVES

A multi-component, multi-year comprehensive school risk reduction program that includes classroom-based activities, developmental discipline techniques applied by trained teachers, school-community linkage activities, and at-home activities. Its objectives are to reduce the risk and bolster protective factors among children.

EVALUATION

Results: In six school districts around the U.S, a select number of schools were nonrandomly assigned to a program or nonprogram group. Similar schools from these same districts served as a comparison group. Fifth and sixth grade students in the program group were significantly less likely to report current alcohol use than nonprogram students after one year. There were no reliable differences between groups on current tobacco or marijuana use. The program appeared to be more effective with a high level of program implementation.

Source: *Journal of Adolescent Research*, 1996, January; 11(1): 12–35. "Prevention effects of the Child Development Project: Early findings from an ongoing multisite demonstration trial." Battistich, V., Schaps, E., Watson, M., Solomon, D.

MORE INFORMATION

Program:

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Developmental Studies Center
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KNOW YOUR BODY

FOCUS: Substance Use
TARGET GROUP: Public School Students
LOCATION: Suburban/Urban
AGE GROUP: Grades 4–10
PROGRAM TYPE: Universal

OBJECTIVES

Know Your Body (KYB) is a six-year comprehensive classroom-based intervention program, targeting early elementary school students. KYB focuses on substance abuse prevention.

EVALUATION

Results: Fifteen schools (1,105 children) in the New York City area were randomly assigned to treatment and standard health education groups. Data collection included biochemical testing for cigarette smoking at baseline and at the end of the six-year intervention. At six-year follow-up, the rate of current cigarette smoking was significantly lower among students at intervention schools than among those in nonintervention schools. Significant reductions in intake of saturated fat also were reported.

Source: *Journal of the National Cancer Institute*, 1989, July 5; 81(13): 995–9. "Primary prevention of cancer among children: Changes in cigarette smoking and diet after six years of intervention." Walter, H.J., Vaughan, R.D., Wynder, E.L.

CURRICULUM

Content: The program focuses on substance abuse prevention and includes modules on conflict resolution and HIV/AIDS. Curriculum demonstrated the immediate effects of cigarette use on the body, long-term effects of use, social and psychological influences. Program also includes newsletters for parents and some other community activities. All student activities followed National Health Education Standards.

Duration: Two hours weekly for six school years.

Setting: Classroom-based.

Orientation: Based on Social Behavior Theory.

Cost: Not available.

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INSTRUCTOR TRAINING

Time Requirements: One day.

Training Credentials: The program offers teachers and health professionals the opportunity to become certified KYB coordinators if they complete a training session conducted by the Know Your Body Training Institute. The purpose of this training is to prepare individuals with some interest in prevention to become certified KYB trainers who can then go back and train teachers and health educators in their respective school districts. Training sessions take place twice a year—usually in the summer and in the winter. In addition to receiving a formal certificate from the American Health Foundation, training graduates are also eligible for continuing education credits.

Fees: The cost of this one-day training is $450.00 (includes breakfast, lunch, and all training materials).

MORE INFORMATION

Program:
American Health Foundation
675 3rd Ave., 11th Floor
New York, NY 10017
Phone: (212) 551-2509
E-mail: kybprogram@aol.com

Curriculum:
For questions on materials availability, pricing, and ordering procedures, contact Deborah Roth at 1-800-247-3458 or e-mail her at droth@kendallhunt.com.

Training:
BJ Carter
American Health Foundation
675 3rd Ave., 11th Floor
New York, NY 10017
Phone: (212) 551-2541
E-mail: kybprogram@aol.com

★ LIFE SKILLS TRAINING (LST)

FOCUS: Substance Use
TARGET GROUP: Public School Students
LOCATION: All
AGE GROUP: Grades 6 through 9
PROGRAM TYPE: Universal

OBJECTIVES

Program targets students in the sixth through ninth grades. Its main focus is to teach students social resistance skills and general personal problem solving and social skills. Upon completion of program, students should be able to:

- Describe how self-image is formed, its relationship to behavior, and how it may be improved;
- Identify myths and misconceptions about cigarette smoking and other forms of tobacco use;
- Describe the physiological effects of smoking;
- Identify myths and misconceptions about alcohol and marijuana use;
- Demonstrate effective communication skills;
- Evaluate advertising techniques designed to manipulate consumer behavior;
- Demonstrate techniques for coping with anxiety; and
- Demonstrate skills for developing successful relationships.

EVALUATION

Results: A total of 3,597 students in 56 public schools in upstate New York were randomly assigned to either the prevention program that provides training, workshops, and ongoing consultation; the prevention program with videotaped training and no consultation; or "treatment as usual." Baseline assessment and yearly follow-ups through the 12th grade (six years after baseline) were conducted, and self-reported tobacco use was verified by carbon monoxide (saliva) analysis. Adolescents in the two intervention groups had significantly lower rates of monthly and weekly cigarette smoking, heavy smoking, weekly drinking, heavy drinking, problem drinking, and weekly marijuana use as compared to the control group. Significantly lower rates of multiple drug use for nearly all combinations of tobacco, alcohol, and marijuana use both monthly and weekly were reported by intervention group participants as compared to control group participants; stronger effects were found for students who received more intervention sessions.

Source: *Journal of the American Medical Association*, 1995, April 12; 273(14): 1106–12. "Long-term follow-up results of a randomized drug abuse prevention trial in a white middle-class population." Botvin, G.J., Baker, E., Dusenbury, L., Botvin, E.M., Diaz, T.

CURRICULUM

Content: The program consists of three major components that teach students general self-management skills; social skills; and information and skills specifically related to drug use. Skills are taught using instruction techniques such as information, demonstration, feedback, reinforcement, and practice. The program can be successfully integrated into many subject areas, but health education, science, and drug prevention are the most appropriate.

Duration: Ideally, the program should begin in the sixth or seventh grade, with additional sessions in subsequent grades. The curriculum is taught over 15 class periods during the first year, scheduled one or more times per week. Booster sessions of 10 class periods are held in year two, and booster sessions of 5 class periods are held in the third year. Sessions last approximately 45 minutes and can be delivered once a week or as an intensive mini-course.

Setting: Classroom-based.

Orientation: The LST curriculum assumes that there are multiple pathways leading to tobacco use and substance abuse and that a variety of social influences interact with individuals' inner feelings and emotions, leading some to become more vulnerable to cigarettes, alcohol, and drugs. As such, the curriculum focuses on social risk factors, including media influences and peer pressure, as well as personal risk factors, such as anxiety and low self-esteem.

Cost: $235 per year per curriculum set (includes 30 student guides); three years for $655.

INSTRUCTOR TRAINING

Time Requirements:

- For LST Provider Training: Two workshop formats are available: a two-day training workshop and a one-day training workshop. The former covers all of the above objectives, but the latter does not include opportunities for teaching selected portions of the curriculum.
- For Provider Training of Trainers: Three days.

Training Credentials: The LST curriculum can be taught by any facilitator who is enthusiastic about the subject and demonstrates a thorough understanding of the concepts taught. Although formal training is not necessary, it is highly recommended. Training is conducted by Princeton Health Press. All training participants receive a formal certificate and may be eligible for continuing education credits. Two types of training are currently available for the LST program. The LST Provider Training option is designed for individuals who are interested in conducting the LST program in schools or other settings. The Training of Trainers option is designed to teach experienced trainers the skills and the information they need to successfully conduct LST Provider Training workshops. Both options are described below:

LST PROVIDER TRAINING

The primary goals of this training option are to teach information concerning the background, theory, and rationale for the LST program; familiarize participants with the LST program; teach participants the skills that they need to conduct the LST program; provide participants with practice teaching selected portions of the LST curriculum; and discuss practical implementation issues.

PROVIDER TRAINING OF TRAINERS (TOT)

This option is designed to train individuals who wish to conduct LST Provider Training Workshops on their own. The TOT workshop includes all the materials covered in the regular LST Provider Training Workshop, plus materials needed to organize and conduct a training workshop with teachers and prevention specialists.

Fees: For both options, the cost of off-site training is $100 per person per day, plus $100 to cover the costs of materials. On-site training costs are the same as off-site costs, but the client must cover the trainer's travel expenses, including airfare, lodging, and meals. On-site training is available for groups of 20 or more people. Training workshops are generally one or two days long.

MORE INFORMATION

Program and Curriculum:
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Princeton Health Press
115 Wall Street
Princeton, NJ 08540
Phone: 1-800-636-3415 or (609) 921-0540
Fax: (609) 921-3593
http://www.lifeskillstraining.com

Training:
Visit http://www.lifeskillstraining.com/training.htm or contact Wendy Amer-Hirsch at (914) 421-2525.

MASS MEDIA SMOKING PREVENTION PROJECT

FOCUS: Substance Use
TARGET GROUP: High Risk Females
LOCATION: All
AGE GROUP: Middle School
PROGRAM TYPE: Universal

OBJECTIVES

A school- and community-based smoking prevention program that uses mass media to target high-risk girls. The four-year mass media campaign aimed at girls uses smoking prevention messages to influence their behavior.

EVALUATION

Results: Four communities in the northern U.S.—two around Burlington, Vermont, and two in rural Montana—were matched and nonrandomly assigned to school-only or school-plus-mass-media intervention groups. Assessments were conducted at baseline, annually throughout the four-year intervention, and two years after the intervention ended. Smoking rates prevalence within the higher-risk sample was significantly lower for those receiving school and media interventions than for those receiving school-only interventions over the two-year evaluation period.

Sources: *American Journal of Public Health*, 1992, June; 82(6): 827–34. "Prevention of cigarette smoking through mass media intervention and school programs." Flynn, B.S., Worden, J.K., Secker-Walker, R.H., Badger, G.J., Geller, B.M., Costanza, M.C. *American Journal of Public Health*, 1994, July; 84(7): 1148–50. "Mass media and school interventions for cigarette smoking prevention: Effects 2 years after completion." Flynn, B.S., Worden, J.K., Secker-Walker, R.H., Pirie, P.L., Badger, G.J., Carpenter, J.H., Geller, B.M.

MORE INFORMATION

Program:

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MIDWESTERN PREVENTION PROJECT (PROJECT STAR)

FOCUS: Substance Use
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: Grades 6 and 7
PROGRAM TYPE: Universal

OBJECTIVES

Project STAR is a comprehensive, community-based, multi-faceted program for adolescent drug abuse prevention. It helps youth recognize the variety of social pressures to use drugs and provides them with the skills to successfully avoid drug use.

EVALUATION

Results: In the Kansas City Standard Metropolitan Statistical Area, schools were matched and assigned nonrandomly to treatment or standard health education conditions; in Indianapolis, schools were randomly assigned to conditions. Baseline and annual assessments were conducted in each community over a six-year period, with self-reported tobacco use verified by saliva analysis. In Kansas City, initial results were very promising. At the three-year follow-up, the intervention group in a small, randomly assigned subsample of schools showed significantly slower increases in cigarette and marijuana use relative to controls. The program appeared to work with both high- and lower-risk students; however, further reports of longer-term findings have been sparse and it is not clear whether the early success continued. In Indianapolis, primary prevention results for the full sample do not appear to be reported in peer-reviewed papers, but the effects of the program seemed modest (about a 2–4 percent difference in use of various substances) at 18 months after the two-year intervention. For the subsample that had already begun experimenting with drugs at baseline, the intervention group showed significantly lower alcohol use, but the initially (at six months) favorable differences in cigarette use disappeared.

Sources: *American Journal of Public Health*, 1998, June; 88(6): 944–8. "Effects of a community-based prevention program on decreasing drug use in high-risk adolescents." Chou, C.P., Montgomery, S., Pentz, M.A., Rohrbach, L.A., Johnson, C.A., Flay, B.R., MacKinnon, D.P. *American Journal of Epidemiology*, 1989, October; 130(4): 713–24. "Primary prevention of chronic diseases in adolescence: Effects of the Midwestern Prevention Project on tobacco use." Pentz, M.A., MacKinnon, D.P., Flay, B.R., Hansen, W.B., Johnson, C.A., Dwyer, J.H. *Journal of the American Medical Association*, 1989, June 9; 261(22): 3259–66. "A multidisciplinary trial for primary prevention of adolescent drug abuse. Effects on drug use prevalence." Pentz, M.A., Dwyer, J.H., MacKinnon, D.P., Flay, B.R., Hansen, W.B., Wang, E.Y., Johnson, C.A. *Preventive Medicine*, 1989, March; 18(2): 304–21. "Longitudinal effects of the

Midwestern Prevention Project on regular and experimental smoking in adolescents." Pentz, M.A., MacKinnon, D.P., Dwyer, J.H., Wang, E.Y., Hansen, W.B., Flay, B.R., Johnson, C.A. *Annals of Medicine*, 1989, June; 21(3): 219–22. "A comprehensive community approach to adolescent drug abuse prevention: Effects on cardiovascular disease risk behaviors." Pentz, M.A., Johnson, A., Dwyer, J.H., MacKinnon, D.M., Hansen, W.B., Flay, B.R.

CURRICULUM

Content: Project STAR disseminates its message through coordinated, communitywide strategies: mass media programming, a school program and continuing school boosters, a parent education and organization program, community organization and training, and local policy change regarding tobacco, alcohol, and other drugs. These components are introduced to the community in sequence at a rate of one per year, with the mass media component occurring throughout. Parents participate in a parent-principal committee that meets to review school drug policy and review communication with children. The trainers of each component meet regularly to review and refine programs.

Duration: The project bridges the transition from early adolescence through late adolescence. Programming is initiated with the entire middle school population of sixth and seventh grade students.

Setting: Although initiated in school, the program goes beyond this setting into the family and community.

Orientation: Active social learning techniques (i.e., modeling, role playing, and discussion, with student peer leaders assisting teachers) are used in the school program, along with homework assignments designed to involve family members.

Cost: Approximate program costs are $175,000 over a three-year period (includes teacher, parent, and community leader training and curriculum materials for school-based program). Costs are based on up to 20 teachers trained in one group for the school program, 20 parent group members trained in one group for the parent program (3 or 4 principals, 4 student peer leaders, 12 parents), and 1,000 participating middle school students. Costs increase beyond this minimum approximately as follows: $4,000 per additional group trained on the same day or trip, $100–$125 per additional trainer manual, and $7 per additional student workbook.

The Project STAR curriculum is currently not commercially available, although its developers are considering making the project commercially available in a few years. They warn, however, that any replication is extremely difficult since the project includes a comprehensive community-based and media component in addition to a standard school-based component.

INSTRUCTOR TRAINING

Although no formal training is currently available, the Center for the Study and Prevention of Violence at the University of Colorado publishes Blueprints publications, which describe the theoretical rationale, the core components of the program as implemented, the evaluation designs and results, and the practical experiences programs encountered while implementing the program at multiple sites. Blueprints were designed to be very practical descriptions of effective programs that would allow states, communities, and individual agencies to (1) determine the appropriateness of this intervention for their state or community; (2) provide a realistic cost estimate for this intervention; (3) provide an assessment of the organizational capacity needed to ensure its successful start-up and operation over time; and (4) give some indication of the potential barriers and obstacles that might be encountered when attempting to implement this type of intervention.

Cost: The price of Blueprints for the Midwestern Prevention Project is $10.

MORE INFORMATION

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Curriculum:

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MINNESOTA HEART HEALTH PROGRAM (SMOKING PREVENTION)

FOCUS: Substance Use
TARGET GROUP: Public School Students
LOCATION: Suburban
AGE GROUP: Ages 11–16
PROGRAM TYPE: Universal

OBJECTIVES

A school-based behavioral intervention program on cigarette smoking, designed to reduce cardiovascular disease. Students are taught how to effectively resist negative influences on their behavior.

EVALUATION

Results: A multi-year, multi-component intervention targeting tobacco use and related risk behaviors of 11- to 16-year-olds. The program was taught by college interns during the first year and same-age peer leaders for a majority of the subsequent years. Activities include lectures on diet-related health, smoking prevention, monitoring heart rates, and alcohol abuse. Two communities in Minnesota were nonrandomly selected to be treatment or comparison communities. Yearly evaluations of cross-sectional cohorts were conducted over the three years, with smoking status verified by saliva analysis. Smoking rates throughout the follow-up period were significantly lower in the intervention communities than in the control communities when measured by current smoking, ever smoked, or number of cigarettes smoked.

Sources: *Journal of School Health*, 1993, May; 63(5): 218–23. "Community-wide youth exercise promotion: Long-term outcomes of the Minnesota Heart Health Program and the Class of 1989 Study." Kelder, S.H., Perry, C.L., Klepp, K.I. *American Journal of Public Health*, 1992, September; 82(9): 1210–6. "Community-wide smoking prevention: Long-term outcomes of the Minnesota Heart Health Program and the Class of 1989 Study." Perry, C.L., Kelder, S.H., Murray, D.M., Klepp, K.I.

CURRICULUM

Content: The program emphasizes peer leadership to facilitate many classroom activities and to allow students to experience social support for resisting opportunities to use tobacco.

Duration: Six sessions.

Setting: Classroom-based.

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Orientation: Teaches kids to resist the social and psychological factors encouraging them to initiate tobacco or marijuana use. The curriculum is recognized by the surgeon general and the American Cancer Society.

Cost: $136.95 for the complete program kit; $74.95 for a program class pack.

INSTRUCTOR TRAINING

Time Requirements: Two days.

Training Credentials: Comprehensive on-site training sessions for those who will be implementing the curriculum in their schools and communities is provided by Hazelden Information and Educational Services. Training sessions provide in-depth information about the curriculum, as well as hands-on opportunities to develop implementation skills, including:

- Research and other background information on a specific topic;
- Training techniques to plan and deliver the curriculum; and
- Ideas on how to best integrate classroom activities, peer leadership, and parent/community involvement components that are all essential for actively engaging kids in prevention.

Training is available for anyone who wishes to be trained, but preferably for those who work at or for schools. Those who complete training receive a certificate of completion from Hazelden.

Fees: The price of on-site training is approximately $3,000 for the entire group, plus a $200 administrative fee. Each trainee also must purchase a curriculum. Additionally, the customer must pay for trainer expenses, including airfare, ground transportation, meals, lodging, and tips.

MORE INFORMATION

Program and Curriculum:

Hazelden Information and Educational Services
15251 Pleasant Valley Road
P.O. Box 176
Center City, MN 55012-0176
Tel: 1-800-328-9000 (Outside the US and Canada call 1-651-213-4000)
Fax: (651) 213-4590.
http://www.hazelden.org
http://bookstore.hazelden.org

Training:

Edie Julik
Training Services Coordinator
Hazelden Information and Educational Services
RW15 11517 22nd Ave., S.
Burnsville, MN 55337
Direct Line: (952) 890-1628 or (877) 890-1628
Fax: (952) 890-1732
E-mail: ejulik@hazelden.org
http://www.hazelden.org

POSITIVE YOUTH DEVELOPMENT PROGRAM

FOCUS: Substance Use
TARGET GROUP: Public School Students
LOCATION: Urban/Suburban
AGE GROUP: Grades 6 and 7
PROGRAM TYPE: Universal

OBJECTIVES

A school-based social competence substance-abuse training program involving a 15-week, 20-session curriculum. The program is designed to promote sixth- and seventh-graders' personal and social competence.

EVALUATION

Results: Two hundred eighty-two students were randomly assigned within four schools in New Haven, Connecticut, to participate either in the training program or control group. Evaluations were conducted before the program began and at the end of the 15-week semester (about four months later). Intervention resulted in positive effects on self-reported excessive alcohol use (e.g., three or more drinks at a time), but not general frequency of substance use.

Source: *Journal of Consulting and Clinical Psychology*, 1992; 60(1): 56–63. "Social competence and promotion with inner-city and suburban young adolescents: Effects on social adjustment and alcohol use." Caplan, M., Weissberg, R.P., Grober, J.S., Sivo, A.J., Grady, K., Jacoby, C.

MORE INFORMATION

Program:

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★ PROJECT ALERT

FOCUS: Substance Use
TARGET GROUP: Public School Students
LOCATION: All
AGE GROUP: Junior High School
PROGRAM TYPE: Universal

OBJECTIVES

Project ALERT (Adolescent Learning Experiences in Resistance Training) focuses on preventing middle school teenagers who are nonusers from experimenting with, or becoming regular users of, alcohol, marijuana, tobacco, and inhalants.

EVALUATION

Results: Multi-site randomized trial experiment was conducted involving the entire seventh grade cohort of 30 junior high schools drawn from eight urban, suburban, and rural communities in California and Oregon. The experiment was implemented between 1984 and 1986. The curriculum's impact was assessed at 3-, 12-, and 15-month follow-ups and then annual follow-ups through the 12th grade, with tobacco use validated by saliva analysis. Initial 15-month (i.e., one year after the intervention was completed) findings were promising. Among those who had not initiated cigarette or marijuana use at baseline, the teen leader program participants were significantly less likely to initiate use than adult leader and control group participants, but there was no effect for initiation of alcohol use at 15-month follow-up. But, from 9th grade through 12th grade, all earlier program effects had disappeared.

Sources: *Science*, 1990, March 16; 247(4948): 1299–305. "Drug prevention in junior high: A multi-site longitudinal test." Ellickson, P.L., Bell, R.M. *American Journal of Public Health*, 1993, June; 83(6): 856–61. "Preventing adolescent drug use: Long-term results of a junior high program." Ellickson, P.L., Bell, R.M., McGuigan, K.

CURRICULUM

Content: Project ALERT is a substance abuse prevention curriculum developed specifically for students in middle grades six, seven, and eight. The program was developed and field-tested over a 10-year period by the RAND Corporation, a leading research organization on drug policy.

The curriculum package includes:

- Teacher's guide with 11 lesson plans for year one and 3 booster lessons for year two;
- Overview video for colleagues and community;
- Eight interactive student videos; and
- 12 full-color classroom posters.

The curriculum also includes an optional Teen Leader component, designed to train peer educators to implement the curriculum, available free.

A free preview video and brochure describing the curriculum sequence and presenting several case studies are available for those considering the program.

Duration: One year, with booster sessions.

Setting: Classroom-based.

Orientation: The Project ALERT program is taught by students' classroom teachers. These teachers have successfully completed special training workshops and are better prepared to respond to the specific needs of the students they teach on a daily basis.

Cost: The curriculum is not commercially available. It is available at a low cost only to those who complete Project ALERT training, provided by the BEST Foundation—the main support organization for Project ALERT. After the workshop, trained Project ALERT teachers continue to receive:

- Free video and print curriculum updates;
- Free subscription to the ALERT Educator, a teacher support newsletter; and
- Toll-free phone support and technical assistance.

INSTRUCTOR TRAINING

Time Requirements: One day.

Training Credentials: The BEST Foundation provides on-site training for groups of at least 20 individuals. If the client does not have a sufficient number of people to be trained, the BEST Foundation conducts mailings throughout the region, bringing together a group of trainees from different school districts or organizations, and holds the training at a site that is convenient for all involved. The BEST Foundation welcomes all categories of educators. However, most districts train their science or physical education teachers, health educators, or guidance counselors. Individuals who successfully complete this training receive a formal certificate of completion and may apply for continuing education credits through their state institutions. Project ALERT trainers are located throughout the U.S. Each of these highly qualified individuals has received extensive training in the Project ALERT curriculum, its research underpinnings, and effective classroom strategies.

Fees: $125 per training participant covers all curriculum materials, the Project ALERT newsletter that is published three times a year, periodic updates to the curriculum, as well as shipment of all training and curriculum materials to the client. The client is not responsible for the trainer's travel or any other expenses. This low fee is possible thanks to ongoing support from the Conrad N. Hilton Foundation.

MORE INFORMATION

Program, Curriculum, and Training:

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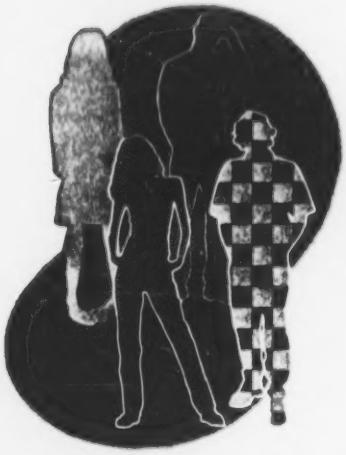
★ PROJECT NORTHLAND



FOCUS: Substance Use
TARGET GROUP: Communities with Alcohol-Related Problems
LOCATION: Rural
AGE GROUP: Middle School
PROGRAM TYPE: Universal

OBJECTIVES

Project Northland is a thorough, three-phase communitywide intervention that focuses exclusively on stopping teenage drinking before it begins. It targets children in grades six through eight with an age-specific, multifaceted, interactive curriculum of text, audiocassettes, comic books, and posters that help students abstain from drinking.

EVALUATION

Results: Twenty-four school districts and adjacent communities in northeastern Minnesota were matched and randomly assigned to treatment or standard care comparison groups. Student assessments were conducted at baseline and at the end of the sixth, seventh, and eighth grades. For all students at the end of eighth grade, significantly fewer students in the intervention district reported recent alcohol use as compared to students in the control district. For nonusers of alcohol at baseline, students in the program had significantly lower onset rates of alcohol use, cigarette use, and marijuana use.

Source: *American Journal of Public Health*, 1996, July; 86(7): 956–65. "Project Northland: Outcomes of a community-wide alcohol use prevention program during early adolescence." Perry, C.L., Williams, C.L., Veblen-Mortenson, S., Toomey, T.L., Komro, K.A., Anstine, P.S., McGovern, P.G., Finnegan, J.R., Forster, J.L., Wagenaar, A.C., Wolfson, M.

CURRICULUM

Content: Varies according to grade, but each component provides students with the skills and insights to avoid people, situations, and attitudes that foster alcohol use.

In sixth grade (Slick Tracy), student and parent communication is targeted by requiring parents and children to complete homework assignments together that describe adolescent alcohol use. Group discussions regarding this topic are held in school, and a communitywide task force is also created to address young adult alcohol use.

In seventh grade (Amazing Alternatives), a peer- and teacher-led classroom curriculum focuses on resistance skills and normative expectations regarding teen alcohol use and is implemented using discussions, games, problem solving, and role plays. A peer participant program also creates alternative alcohol-free

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activities, and parent involvement continues. The community task force discusses alcohol-related ordinances, and businesses provide discounts for adolescents who pledge to be alcohol and drug free.

In eighth grade (PowerLines), students are encouraged to become active citizens. They interview influential community members about their beliefs and activities concerning adolescent drinking and conduct town meetings to make recommendations for the community's help in preventing alcohol use.

Duration: Three years; each component's duration varies.

Setting: Project Northland integrates classroom activities, parent involvement, peer leadership, and community activities.

Orientation: Each of the three years has a specific theme and incorporates individual, parent, peer, and community training.

Cost: $229 per program curriculum component set. $549 for all three sets.

INSTRUCTOR TRAINING

Time Requirements: Three days.

Training Credentials: Training is available for anyone who wishes to be trained, but those working for schools are preferred. Open enrollment sessions are available in various locations across the U.S. Those who complete training receive a certificate of completion from Hazelden. However, no continuing education credits are available.

Fees: The cost of open enrollment training for each participant is $525.00. This fee includes a free copy of the curriculum. Trainees are responsible for their own travel expenses, meals, and hotel accommodations.

If you choose not to participate in one of the open enrollment sessions, Hazelden trainers also can come on-site for a group of 10 to 20 people. The on-site training fee for each curriculum section is $1,500. It does not cover the cost of materials. There is a $200 administrative fee for any on-site training. Additionally, the customer must pay for trainer expenses, including airfare, ground transportation, meals, lodging, and tips.

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★ PROJECT SHOUT

FOCUS: Substance Use
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: Junior High School
PROGRAM TYPE: Universal

OBJECTIVES

Project Shout (Students Helping Others Understand Tobacco) is a classroom-based tobacco use prevention program that targets junior high school students in sixth, seventh, and eighth grades. The program features specially trained college students as change agents to teach the curriculum.

EVALUATION

Results: Twenty-two junior high schools in San Diego County, California, were randomly assigned to treatment and control groups. Of the 2,668 participants, 57 percent were white/non-Hispanic, 24 percent were Hispanic, and 19 percent were of other racial/ethnic groups. College undergraduates served as change agents for both the classroom and booster interventions. Four surveys were administered during and immediately after the program. At the end of the three-year program, significantly lower rates of tobacco use within the past month were reported by students in the intervention schools as compared to those in the control schools.

Source: *American Journal of Public Health*, 1993, September; 83(9): 1239–44. "The long-term prevention of tobacco use among junior high school students: Classroom and telephone interventions." Elder, J.P., Wildey, M., de Moor, C., Sallis, J.F., Jr., Eckhardt, L., Edwards, C., Erickson, A., Golbeck, A., Hovell, M., Johnston, D., et al.

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CURRICULUM

Content: The classroom activities include making videotapes, discussion of the consequences of using tobacco and the social pressures associated with use, resistance skills rehearsal, decisionmaking workshops, and letter-writing activities. A community service component is added during eighth grade. The curriculum also provides for "booster" sessions by telephone or mail during ninth grade.

Duration: Three school years.

Setting: School-based.

Orientation: A psychosocial intervention combining refusal skills training, contingency management, and other tobacco use prevention methodologies such as telephone and mail boosters.

Cost: $35 per curriculum for each of the three grades (sixth, seventh, and eighth) or $94.50 for all three. The complete package for each grade includes the curriculum itself and instructions for teachers who will implement the curriculum.

INSTRUCTOR TRAINING

No training for implementing this curriculum is available. Curriculum materials are accompanied by instructions for implementation.

MORE INFORMATION

Program and Curriculum:

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PROJECT TND

FOCUS: Substance Use
TARGET GROUP: Youth in Alternative Schools
LOCATION: Urban
AGE GROUP: High School
PROGRAM TYPE: Universal in Indicated Setting

OBJECTIVES

Project TND (Towards No Drug Abuse) is a classroom and school-as-community drug prevention program in alternative schools that is designed for students at high risk for dropping out of school and substance abuse. Nine 50-minute classroom lessons are delivered over a three-week period by trained project staff health educators. Its objectives are to influence good health motivation, skill-building, and decisionmaking.

EVALUATION

Results: Schools in Southern California were randomly assigned to the classroom program, the classroom program plus a one-semester school-as-community program, or a standard drug education curriculum. After one year, lower levels of alcohol and hard drug use were found in the classroom and classroom plus school-as-community program compared to the standard drug education group. There were no significant differences between the classroom and classroom plus school-as community groups.

Sources: *Preventive Medicine*, 1998, July-August; 27(4): 632–42. Published erratum appears in *Preventive Medicine*, 1998, September-October; 27(5 Pt. 1): 766. "One-year outcomes of Project Towards No Drug Abuse." Sussman, S., Dent, C.W., Stacy, A.W., Craig, S. *Journal of Drug Education*, 1998; 28(4): 361–75. "Implementation and process evaluation of a school-based drug abuse prevention program: Project Towards No Drug Abuse." Dent, C.W., Sussman, S., Hennesy, M., Galaif, E.R., Stacy, A.W., Moss, M., Craig, S.

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★ PROJECT TNT

FOCUS: Substance Use
TARGET GROUP: Adolescents
LOCATION: All
AGE GROUP: Junior High School
PROGRAM TYPE: Universal

OBJECTIVES

Project TNT (Towards No Tobacco Use) targets seventh graders and has been implemented with white, Latino, African American, and Asian American adolescents, ages 10 to 15. At program's completion, students should be able to do the following:

- Describe the course, consequences, and prevalence of tobacco addiction and disease;
- Demonstrate effective communication, refusal, and cognitive coping skills;
- Identify how the media and the advertising industry influence teens to use tobacco products;
- Identify methods for building their own self-esteem; and
- Describe strategies for advocating no tobacco use.

EVALUATION

Results: Four different curricula were developed and tested in a randomized experiment involving 48 junior high schools. All programs were delivered by trained project health educators over 10 consecutive school days in the seventh grade, and two booster sessions were delivered in the eighth grade. Assessments were conducted at baseline, immediate post-test, and one-year and two-year follow-ups, with self-reported use verified by saliva analysis. At one-year follow-up, significantly lower rates of weekly cigarette use were reported in three of the intervention groups as compared to the normative social influence group and the control group. For trial of smokeless tobacco, all intervention groups, except the informational social influence group, had significantly lower rates of use than the control group; at year two, the combined condition showed significantly less weekly cigarette use than all other groups, and the combined and physical consequences groups showed significantly less weekly smokeless tobacco use than all other groups.

Sources: *American Journal of Public Health*, 1993, September; 83(9): 1245–50. "Project Towards No Tobacco Use: One-year behavior outcomes." Sussman, S., Dent, C.W., Stacy, A.W., Sun, P., Craig, S., Simon, T.R., Burton, D., Flay, B.R. *Journal of Consulting and Clinical Psychology*, 1995. August; 63(4): 676–7. "Two-year behavior outcomes of Project Towards No Tobacco Use." Dent, C.W., Sussman, S., Stacy, A.W., Craig, S., Burton, D., Flay, B.R.

■ SECOND STEP

FOCUS: Violence
TARGET GROUP: Early Elementary School Students
LOCATION: Urban/Suburban
AGE GROUP: Grades 2 and 3
PROGRAM TYPE: Universal

OBJECTIVES

Second Step: A Violence Prevention Program is a classroom-based curriculum designed to decrease aggressive behavior and increase prosocial behavior in second and third graders. The program includes 30 lessons, each lasting 35 minutes, and is taught once or twice each week for 16 to 20 weeks.

EVALUATION

Results: A total of 790 second and third grade students in Washington state were randomly assigned in matched schools to program and nonprogram groups. Assessments were conducted at baseline, two weeks later, and six months later. The rate of physical aggression in the classroom was significantly lower as measured by direct observation in the program schools than in the nonprogram schools at follow-up.

Source: *Journal of the American Medical Association*, 1997, May 28; 277(20): 1605–11. "Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial." Grossman, D.C., Neckerman, H.J., Koepsell, T.D., Liu, P.Y., Asher, K.N., Beland, K., Frey, K., Rivara, F.P.

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CURRICULUM

Content: The curriculum includes group discussion, games, role plays, videos, student worksheets, questioning, analyzing media influences, and production of a class videotape.

Duration: Ten core lessons over a two-week period and two booster lessons to be taught one year later.

Setting: Classroom.

Orientation: Socratic teaching methods and a comprehensive approach to reducing tobacco use.

Cost:
Teacher's manual for core and booster lessons ($45 each); two videos: "Stand Up for Yourself," and "Tobacco Use Social Images," in both English and Spanish ($40.00 and $79.95, respectively); a student workbook (set of five for $18.95); TNT Cessation Program ($40.00 each).

INSTRUCTOR TRAINING

Time Requirements: Two days.

Training Credentials: Teacher training is strongly recommended. Local boards of education usually provide certificates or continuing education credits to training participants.

Fees: $590 plus travel and accommodations for trainer.

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Training/Other Project Materials:
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In addition, many states are able to provide information and technical assistance on this curriculum. To find out if your state has developed this capacity, call the tobacco prevention coordinator at your state Department of Education or your state Department of Health.

STARS ALCOHOL USE INTERVENTION

FOCUS: Substance Use
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: Middle School
PROGRAM TYPE: Selective

OBJECTIVE

Alcohol prevention interventions are conducted among disadvantaged sixth grade children during brief nurse or physician consultations. The program includes a self-instructional module and follow-up consultation with trained peer health educators. The program's objective is to prevent alcohol abuse.

EVALUATION

Results: One hundred thirty-eight sixth through eighth grade students of an inner-city public school in Jacksonville, Florida, were randomly assigned to either the intervention or control group. Significant differences in alcohol use were found between the intervention group and the comparison group. At a three-month follow-up assessment, students who received the intervention showed a reduction in heavy alcohol use while control group subjects showed an increase in heavy alcohol use.

Source: *Journal of School Health*, 1996, November; 66(9): 335–8. "Brief nurse consultations for preventing alcohol use among urban school youth." Werch, C.E., Carlson, J.M., Pappas, D.M., DiClemente, C.C.

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STAY SMART

FOCUS: Substance Use
TARGET GROUP: Members of Boys and Girls Clubs
LOCATION: Urban
AGE GROUP: Age 13
PROGRAM TYPE: Universal

OBJECTIVES

A community-based program that is a component of a larger program known as SMART Moves. The programs together last two years and include booster sessions. A personal and social competence approach to substance use and abuse prevention for 13-year-olds is used. It is conducted in Boys and Girls Clubs rather than in schools in order to reach absent or truant youth.

EVALUATION

Results: Participants were assigned nonrandomly by club to participate in Stay SMART only, Stay SMART plus booster sessions, or no program at all. After two years, both the Stay SMART only and the Stay SMART plus booster sessions groups reported significantly less overall drug use than the group who did not participate at all. The Stay SMART plus booster sessions group reported significantly less marijuana use than the group who did not participate at all.

Source: *American Journal of Community Psychology*, 1992, December; 20(6): 673–706. "Drug prevention in a community setting: A longitudinal study of the relative effectiveness of a three-year primary prevention program in Boys and Girls Clubs across the nation." St. Pierre, T.L., Kaltreider, D.L., Mark, M.M., Aikin, K.J.

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SUBSTANCE ABUSE PREVENTION FOR AMERICAN INDIAN ADOLESCENTS

FOCUS: Substance Use
TARGET GROUP: American Indian Adolescents
LOCATION: Urban/Rural
AGE GROUP: Adolescents
PROGRAM TYPE: Universal

OBJECTIVES

A culturally tailored 10-session small-group skills enhancement program that is delivered in reservation and nonreservation settings in the Pacific Northwest. The program is conducted by a two-person team consisting of one Indian research staff member and one indigenous community leader who is well known by the adolescents. Its objective is to reduce substance use and abuse.

EVALUATION

Results: A culturally tailored 10-session small-group skills enhancement program was delivered in reservation and nonreservation settings in the Pacific Northwest. At six-month follow up, intervention subjects had better knowledge of drug effects, better interpersonal skills for managing pressures to use drugs, and lower rates of alcohol, marijuana, and inhalant use as compared to those adolescents who did not attend the sessions. Intervention subjects were also less likely to label or consider themselves users of these substances. Findings suggest that behavioral skills training approaches hold promise for reducing substance use and abuse among American Indians.

Source: *International Journal of Addiction*, 1987, September; 22(9): 869–79. "Skills enhancement to prevent substance abuse among American Indian adolescents." Gilchrist, L.D., Schinke, S.P., Trimble, J.E., Cvetkovich, G.T.

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TARGETING EARLY ANTECEDENTS TO PREVENT TOBACCO SMOKING

FOCUS: Conflict Resolution/Substance Use
TARGET GROUP: At-Risk Youth
LOCATION: Urban
AGE GROUP: Elementary School
PROGRAM TYPE: Universal

OBJECTIVES

A program that emphasizes teacher training in classroom management skills and student training in social and cognitive skills to improve classroom climate and curb children's development of aggressive behaviors, starting in the first grade. The program focuses on low-income, at-risk boys and girls.

EVALUATION

Results: One thousand urban first graders were randomly assigned to classrooms in experimental schools and control schools for a two-year classroom-based preventive trial aimed at reducing aggressive behavior. Students were given interviews annually through age 14 (with plans to continue conducting these for another six years). On measures of developmental increases in aggressive behavior, boys who attended treatment classes were rated significantly less aggressive by the sixth grade than boys in control classes and there were stronger effects for boys who were rated more aggressive at baseline; there were no intervention differences for girls. For initiation of smoking by age 14, in two cohorts of boys assigned to the intervention group, the risk of starting to smoke was significantly lower as compared to boys in the control group; again, there were no differences for girls.

Sources: *Journal of Child Psychology and Psychiatry*, 1994, February; 35(2): 259–81. Erratum appears in *Journal of Child Psychology and Psychiatry*, 1994, July; 35(5): 983. "The course and malleability of aggressive behavior from early first grade into middle school: Results of a developmental epidemiologically based preventive trial." Kellam, S.G., Rebok, G.W., Ialongo, N., Mayer, L.S. *American Journal of Public Health*, 1998, October; 88(10): 1490–5. "Targeting early antecedents to prevent tobacco smoking: Findings from an epidemiologically based randomized field trial." Kellam, S.G., Anthony, J.C.

CURRICULUM

Content: Teachers and others interested in implementing the curriculum use "The Good Behavior Game Manual," which trains teachers in how to curb students' potential for aggressive and disruptive behavior starting in the beginning of their school career. According to the program, curbing such behaviors is crucial since they are considered to be early antecedents to drug use and delinquency during adolescence.

Duration: Two years.

Setting: Classroom-based.

Orientation: Based on social and cognitive developmental theories of problem behavior.

Cost: Program is not currently commercially available, but the "Good Behavior Game Manual" is available for downloading at http://www.bpp.jhu.edu/publish/manuals/gbg.html.

INSTRUCTOR TRAINING

Not available.

MORE INFORMATION

Curriculum:

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TOBACCO PREVENTION IN KENTUCKY

FOCUS: Substance Use
TARGET GROUP: Public School Students in a Tobacco-Producing Region
LOCATION: Rural
AGE GROUP: Middle School
PROGRAM TYPE: Universal

OBJECTIVES

A classroom-based six-session intervention that targets seventh graders who live in tobacco-growing areas. Its objectives are to build skills, teach students to recognize advertising appeals, and understand the negative consequences of tobacco use. Sessions last 45 to 50 minutes and are delivered by trained classroom teachers. A three-session booster is delivered to eighth graders by trained educators who are part of the project staff.

EVALUATION

Results: Students in 10 schools in Kentucky were randomly assigned within schools to the intervention or to the usual health education curriculum. A series of assessments were made throughout the seventh and eighth grades and at the end of the program. Significantly fewer eighth grade students in the intervention program than those in the usual curriculum had smoked in the previous 7 or 30 days when asked at follow-up. Likewise, after two years of treatment, students were significantly less likely to smoke in the previous 24 hours, 7 days, or 30 days prior to follow-up. Interestingly, the program appeared to be more effective for students whose families were involved in raising tobacco.

Source: *American Journal of Public Health*, 1998, December; 88(12): 1862–5. "The effectiveness of a tobacco prevention program with adolescents living in a tobacco-producing region." Noland, M.P., Kryscio, R.J., Riggs, R.S., Linville, L.H., Ford, V.Y., Tucker, T.C.

MORE INFORMATION

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CONTENT AREA: Conflict Resolution/ Violence Prevention

PATHS

PEACEBUILDERS

SAFE DATES

SEATTLE SOCIAL DEVELOPMENT PROJECT

SECOND STEP

VIOLENCE PREVENTION CURRICULUM (PROTHROW-STITH PROGRAM)

VIOLENCE PREVENTION EDUCATION (PROTHROW-STITH PROGRAM)

PATHS

FOCUS: Violence Prevention
TARGET GROUP: Early Elementary School Students
LOCATION: Urban/Suburban
AGE GROUP: Grades 1 and 2
PROGRAM TYPE: Universal

OBJECTIVES

PATHS (Promoting Alternative Thinking Strategies) is a classroom-based program designed to prevent violence, aggression, and other behavioral problems by promoting emotional and social competence. The program includes a 60-lesson curriculum that contains three components—self-control, emotional understanding, and interpersonal cognitive problem-solving. Sessions were conducted three times a week, with each lesson lasting 20 to 30 minutes.

EVALUATION

Results: PATHS was field tested in a randomized controlled trial of first and second grade students in Washington state, with follow-up assessments conducted one month after the conclusion of the intervention and during the students' second and third grade years. Students in the regular education group had higher teacher-rated scores of acting-out behavior, and intervention students in both groups had significantly lower self-reported rates of conduct problems at the two later follow-up points.

Source: *Development and Psychopathology*, 1995; 7: 117–36. "Promoting emotional competence in school-aged children: The effects of the PATHS curriculum." Greenberg, M.T., Kusche, C.A., Cook, E.T., Quamma, J.P.

MORE INFORMATION

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PEACEBUILDERS

FOCUS: Violence Prevention
TARGET GROUP: Students from High-Violence Neighborhoods
LOCATION: Urban
AGE GROUP: Elementary School
PROGRAM TYPE: Universal

OBJECTIVES

A school-based multi-component, intensive one-year program that trains teachers to include PeaceBuilder themes in their lessons and to provide their students with standard behavior and language cues related to violence prevention goals. The program also includes a parent involvement component and mass media materials (e.g., posters) related to violence prevention.

EVALUATION

Results: Students in Tucson, Arizona, were randomly assigned by school to intervention and nonintervention groups. Assessments were conducted before the intervention and nine months later using school nurses' records. Visits to the school nurse for all reasons and for injuries significantly decreased in intervention groups between the two school years, while rates remained unchanged or increased in the nonintervention groups.

Source: *American Journal of Preventive Medicine*, 1997, November-December; 13(6): 459–63. "The impact of an elementary school-based violence prevention program on visits to the school nurse." Krug, E.G., Brener, N.D., Dahlberg, L.L., Ryan, G.W., Powell, K.E.

MORE INFORMATION

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http://www.peacebuilders.com

SAFE DATES

FOCUS: Violence Prevention
TARGET GROUP: Public School Students
LOCATION: Rural
AGE GROUP: Grades 8 and 9
PROGRAM TYPE: Universal with Indicated Component

OBJECTIVES

A multi-component school and community program to reduce dating violence by changing norms, reducing gender stereotyping, offering conflict management skills, and recognizing the need for help around violence issues. School activities include 10-session curriculum and theater productions. Community activities include special services for adolescents in abusive relationships, and community service provider training.

EVALUATION

Results: Fourteen schools around eastern North Carolina were randomly allocated to intervention and nonintervention groups. Evaluation included an initial questionnaire completed by 1,886 eighth and ninth graders in a rural county; follow-up questionnaires were completed by 1,700 students one month after intervention ended and one year later. The intervention group reported less psychological abuse, sexual violence, and violence perpetrated against the current dating partner as compared to the nonintervention group. These findings held for both those who did not report dating violence before the intervention and those who did.

Sources: *American Journal of Public Health*, 1998, January; 88(1): 45–50. "An evaluation of Safe Dates, an adolescent dating violence prevention program." Foshee, V.A., Bauman, K.E., Arriaga, X.B., Helms, R.W., Koch, G.G., Linder, G.F. *American Journal of Preventive Medicine*, 1996, September-October; 12(5 Suppl): 39–47. "The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings." Foshee, V.A., Linder, G.F., Bauman, K.E., Langwick, S.A., Arriaga, X.B., Heath, J.L., McMahon, P.M., Bangdiwala, S.

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SEATTLE SOCIAL DEVELOPMENT PROJECT

FOCUS: Violence
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: Elementary School
PROGRAM TYPE: Universal

OBJECTIVES

A universal, multidimensional intervention delivered to elementary school students to prevent subsequent adolescent school failure, drug use, and delinquency among low-income children. Working with parents, teachers, and children, the program seeks to increase social bonds, strengthen attachment and commitment to schools, and decrease delinquency.

EVALUATION

Results: Six hundred forty-three fifth grade students enrolled in participating public elementary schools serving high-crime areas in Seattle, Washington, were nonrandomly assigned to intervention and comparison groups. Some students were exposed to the program starting in the first grade; others began later or transferred into program schools. Five hundred ninety-eight were followed up and interviewed at age 18. At age 18, significantly fewer students who received the full intervention than control students reported violent delinquent acts, heavy drinking, sexual intercourse, having multiple sex partners, becoming pregnant, or causing pregnancy.

Source: *Archives of Pediatrics and Adolescent Medicine*, 1999, March; 153(3): 226–34. "Preventing adolescent health-risk behaviors by strengthening protection during childhood." Hawkins, J.D., Catalano, R.F., Kosterman, R., Abbott, R., Hill, K.G.

CURRICULUM

Content: Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. These techniques minimize classroom disturbances by establishing clear rules and rewards for compliance; increase children's academic performance; and allow students to work in small, heterogeneous groups to increase their social skills and contact with peers. In addition, first grade teachers teach communication, decisionmaking, negotiation, and conflict resolution skills; and sixth grade teachers present refusal skills training.

Duration: Grades 1 through 6.

Setting: School- and home-based.

Orientation: The program uses a social behavioral theory base.

Cost: $695 for "Preparing for the Drug-Free Years," for parents of children in their early adolescence (ages 9–14), which covers five two-hour workshops for parents; $16.95 for "How to Help Your Child Succeed in School," for first–third graders.

INSTRUCTOR TRAINING

Time Requirements: Parents receive optional training programs throughout their children's schooling:

- When children are in first and second grades, seven sessions of family management training help parents monitor children and provide appropriate and consistent discipline (one-day training).
- When children are in second and third grades, four sessions encourage parents to improve communication between themselves, teachers, and students; create positive home learning environments; help their children develop reading and math skills; and support their children's academic progress (one-day training).
- When children are in fifth and sixth grades, five sessions help parents create family positions on drugs and encourage children's resistance skills (one-day training).

Training Credentials: Training for parents implementing the curriculum is provided by Developmental Research Programs. Those who complete the training receive a formal certificate of completion and may submit appropriate forms to receive continuing education credits. While anyone can be trained in this curriculum, the trainees will preferably be knowledgeable in parent education and prevention and possess good communication and prevention skills.

Fees: Trainers are available to come to the client's site if the trainee group consists of at least seven people. Groups of at maximum 10 parents can be trained for $4,500, plus trainer's travel expenses.

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VIOLENCE PREVENTION CURRICULUM (PROTHROW-STITH PROGRAM)

FOCUS: Violence
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: Grade 6
PROGRAM TYPE: Universal

OBJECTIVES

A classroom-based 18-session program designed to deter fighting and violence among low-income African American sixth graders. The program is delivered by trained prevention specialists (not regular classroom teachers).

EVALUATION

Results: Within each of six middle schools in Richmond, Virginia, classes were nonrandomly assigned to a fall semester start or a spring semester start such that all students would complete the required program by the end of the school year. Beginning-, middle-, and end-of-the-year assessments were conducted. At the midyear assessment, boys who received the intervention in the fall were significantly less likely to engage in physical fighting, be threatened by another student, and engage in problem behaviors such as theft and vandalism than were boys who were awaiting course exposure. There also were significant effects for girls. At the final assessment, boys who took the course in the fall maintained their decreased negative behaviors, but direct comparisons with students who were to complete the course in the spring were not possible.

Source: *American Journal of Public Health*, 1997, June; 87(6): 979–84. "The effectiveness of a school-based curriculum for reducing violence among urban sixth-grade students." Farrell, A.D., Meyer, A.L.

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VIOLENCE PREVENTION EDUCATION (PROTHROW-STITH PROGRAM)

FOCUS: Violence
TARGET GROUP: Public School Students
LOCATION: Urban
AGE GROUP: High School
PROGRAM TYPE: Universal

OBJECTIVES

A classroom and schoolwide program designed to be part of a communitywide approach to deterring negative school behaviors. Specially trained teachers use lectures, discussions, and role playing in a series of 10 40-minute sessions delivered over a 10-week period.

EVALUATION

Results: A total of 1,523 students in three schools in Boston, Massachusetts, were nonrandomly assigned to one of three conditions: an in-class program only; a schoolwide program that also included seminars, presentations, and special counseling on violence and homicides; or a no-treatment control school. School records and teacher assessments of discipline and conduct problems were collected for cohorts of students at the end of their sophomore and junior years. Students exposed to the in-class program showed a significant reduction in suspension rates (including violent behaviors) as compared to students in the nonexposed school, who showed no change in suspension rates between the sophomore and junior years. Students in the schoolwide exposure program had marginally fewer suspensions than nonexposed students.

Source: *Journal of Adolescent Health*, 1996, August; 19(2): 104–10. "Evaluation of comprehensive violence prevention education: Effects on student behavior." Hausman, A., Pierce, G., Briggs, L.

MORE INFORMATION

Program:
No contact information available.

CONTENT AREA: Mental Health

COPING WITH STRESS

PROMOTION OF SOCIAL COMPETENCE

COPING WITH STRESS

FOCUS: Mental Health
TARGET GROUP: Adolescents at Risk for Depressive Disorder
LOCATION: Suburban
AGE GROUP: High School
PROGRAM TYPE: Selective/Indicated

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OBJECTIVES

A small-group program designed for adolescents identified through standardized assessment as at-risk for future depression. Fifteen 45-minute group sessions incorporating cartoons, role playing, and group discussion techniques are held on school grounds after regular classes. Groups are led by school psychologists and counselors.

EVALUATION

Results: One hundred fifty screened students were randomly assigned to program and usual care comparison groups around Portland, Oregon. Program assessments were made at the beginning of the program and at 6- and 12-month follow-ups. There were significantly lower incidence rates of affective disorder among program group students than among those in the comparison group at the 12-month follow-up.

Source: *Journal of the American Academy of Child and Adolescent Psychiatry*, 1995, March; 34(3): 312–21. "Targeted prevention of unipolar depressive disorder in an at-risk sample of high school adolescents: A randomized trial of a group cognitive intervention." Clarke, G.N., Hawkins, W., Murphy, M., Sheeber, L.B., Lewinsohn, P.M., Seeley, J.R.

MORE INFORMATION

Program:
No contact information available.

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PROMOTION OF SOCIAL COMPETENCE

FOCUS: Mental Health
TARGET GROUP: Public School Students
LOCATION: Suburban
AGE GROUP: Grades 4 and 5
PROGRAM TYPE: Universal

OBJECTIVES

A classroom-based two-year (grades four and five) intensive social problem solving program is designed to enhance social competence.

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EVALUATION

Results: Four-hundred twenty students were nonrandomly assigned by school to program or no-program groups in central New Jersey. Follow-up assessments were conducted five or six years after initial intervention. Students who received the two-year social decisionmaking and problem-solving program in elementary school showed higher levels of prosocial behavior and lower levels of interpersonal and property violence, vandalism, and tobacco use at five- and six-year follow-ups. There were several differences in the pattern of effects for males and females, but the program appeared to produce effects for both sexes.

Source: *American Journal of Orthopsychiatry*, 1991, July; 61(3): 409–17. "The promotion of social competence: Longitudinal study of a preventive school-based program." Elias, M.J., Gara, M.A., Schuyler, T.F., Branden-Muller, L.R., Sayette, M.A.

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http://www.eqparenting.com (for information on the intervention's parental component)
http://www.casel.org (for information on the intervention's school component)

INDEX OF PROMISING PROGRAMS AND APPROACHES

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The 21 more rigorously evaluated programs are highlighted with a screen of color.

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Promotion of Social Competence	97	Grades 4 and 5—Universal	Social Adjustment	Suburban	Small groups

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